

## **Gambling Act 2005**

Licensing, Legal Services Department, Winchester City Council, City Offices, Colebrook Street, Winchester, Hampshire SO23 9LJ. Tel: (01962) 848 238.

PART A\*

## Please complete ALL boxes.

| (1)  | I enclose £20 in respect of the re-registration fee due on behalf of                                     |                     |
|--|--|---------------------|
| OR (2)                                     | (Cheques should be made payable to "Winchester City Council")  |                     |
|  | Thewishes to cancel the registration.  | ,                   |
| PART B*                                    |  |                     |
| (1)  | I declare that Lottery Returns have been submitted to you for all draws promoted by                      |                     |
| or   | my organisation.   |                     |
| (2)  | I enclose outstanding Lottery Return Forms in respect of the following dates:                            |                     |
| or   |  |                     |
| (3)  | I declare that no Lotteries have been held by my organisation during the current period of registration. |                     |
| *Please delete sections which do not apply |  |                     |
| Sigr                                       | ned:   | Name:               |
|  |  | (in block capitals) |
| Address:                                   |  | Position:           |
|  |  |                     |
|  |  |                     |
| Daytime Tel No:                            |  | Date:               |
|  |  |                     |