



**THREE RIVERS DISTRICT COUNCIL**

**GAMBLING ACT 2005 – Schedule 11, Part 5**

**Registration No:**

**Society:**

**Responsible Officer:**

Please note, if the Responsible Officer has changed please give new name and address details below:

\* The annual renewal fee of £20 for the above registration has been submitted (card payment only)

\* This Registration is no longer required – please cancel

(\*Please indicate with a Tick in the Required Box)

**Signed:**

**Date:**

Please return this form to the Licensing Section at the address shown above.

|                             |   |
|-----------------------------|---|
| <b>FOR OFFICE USE ONLY:</b> | Receipt No.....   |
| Date received:.....         | Returns Submitted: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Fee Paid: .....             | Expiry Date: .....  |
| Renewal Date: .....         |   |

