

Falkirk Council
Gambling Act 2005
Small Society Lottery Return


1. Name of society/organisation	
2. Permit Number	
3. Type of lottery (if weekly, monthly, please indicate)	
4. Purpose of lottery	
5. Name of promoter of lottery	
6. Position held within society/organisation	
7. Please indicate if this is a NIL return	

NOTE: For weekly and monthly, etc lotteries see over
For all other lotteries, eg raffles, complete questions 8-14

8. What was the price of each ticket or chance?	
9. What were the total proceeds of the lottery?	
10. What was the total of any commissions paid?	
11. What were the totals of all other expenses of the lottery?	
12. Give details of any sums appropriated out of the lottery proceeds for the provision of prizes	
13. If no sums were appropriated out of proceeds for prizes – how were these obtained (ie donations)	
14. What was the total sum raised for the purpose for which the lottery was held?	

Please tick box for which quarter this return is being made, including a nil return

1. January to March 2. April to June
3. July to September 4. October to December

.....
Promoter of Lottery  Date

We (block capitals) _____

Being two members of full age of the Society, appointed in writing by the governing body of the Society in accordance with the letter attached hereto, certify that the foregoing is a correct return

.....
.....

TO BE COMPLETED FOR WEEKLY/MONTHLY, ETC LOTTERIES

QUARTER:

- (1) January to March
- (2) April to June
- (3) July to September
- (4) October to December

Please tick appropriate quarter

Week	Date(s) of Lottery	Price of Ticket or Change	Total Proceeds	Total of all Commissions Paid	Total of all Other Expenses Paid	Total of All Sums Appropriated for the Provision of Prizes	Total Sums Applied for Purpose for which Lottery was held
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
TOTALS							