

**APPLICATION FOR
STREET COLLECTION
PERMIT**



**Police, Factories, etc. (Miscellaneous Provisions) Act 1916
and Local Government Act 1972**

**PART ONE
APPLICANT'S DETAILS**

BLOCK CAPITALS PLEASE

SURNAME

TITLE

FORENAMES

MAIDEN OR OTHER NAMES

DATE OF BIRTH

PLACE OF BIRTH

OCCUPATION

HOME ADDRESS

POST CODE

DAYTIME TELEPHONE NUMBER

E MAIL ADDRESS

ARE YOU APPLYING ON BEHALF OF A
PROFESSIONAL FUNDRAISER OR
COMMERCIAL PARTICIPATOR?

YES/NO

IF YES, PLEASE PROVIDE THE FOLLOWING
DETAILS:-

FULL COMPANY NAME

COMPANY REGISTRATION NUMBER

REGISTERED ADDRESS

TELEPHONE NUMBER

PART TWO
ORGANISATION TO BENEFIT FROM COLLECTION

NAME OF CHARITY OR FUND WHICH IS TO
BENEFIT

ADDRESS OF CHARITY

TELEPHONE NUMBER OF CHARITY

PARTICULARS OF CHARITABLE PURPOSES
TO WHICH PROCEEDS OF COLLECTION
ARE TO BE APPLIED

IF REGISTERED CHARITY PLEASE STATE
THE REGISTRATION NUMBER

DISPOSAL OF RECEIPTS

ARE THE WHOLE OF THE RECEIPTS TO BE
PAID OVER FOR THE BENEFIT OF THE
CHARITY OR FUND, OR WILL ANY
DEDUCTIONS BE MADE FOR EXPENSES OR
OTHER PURPOSES? IF ANY DEDUCTION IS
MADE, STATE FOR WHAT PURPOSE AND
GIVE AN ESTIMATE OF THE SUM WHICH
WILL BE DEDUCTED

HAS A WRITTEN AGREEMENT BEEN
GRANTED BY THE CHARITY OR PERSON
BENEFITING, PERMITTING YOU TO
COLLECT ON THEIR BEHALF? THIS IS A
LEGAL REQUIREMENT UNDER THE
CHARITIES ACT 1992.
(IF YES, PLEASE ATTACH COPY, IF NO
PLEASE DETAIL BASIS / AUTHORITY FOR
COLLECTION)

YES/NO

**PART THREE
COLLECTION DETAILS**

DATE OF COLLECTION

LOCATION / AREA OF COLLECTION

BETWEEN WHAT HOURS IS IT PROPOSED TO COLLECT?

IF THE COLLECTION IS IN CONNECTION WITH A CARNIVAL OR OTHER PROCESSION, STATE TIME AND ROUTE

HAS THE ROUTE BEEN APPROVED BY THE CHIEF CONSTABLE? (PLEASE SUPPLY WRITTEN PROOF)

WILL YOU BE HAVING A STALL?

IF YES, WHERE IS IT PROPOSED TO LOCATE THE STALL?

HOW MANY COLLECTORS WILL THERE BE?

**PART FOUR
DECLARATION**

I hereby apply for a Permit authorising me to conduct a public charitable collection, the particulars of which are aforementioned, and which are true to the best of my knowledge and belief.

Data Protection Act 1998

This information is required for the processing of applications under the Police, Factories, etc. (Miscellaneous Provisions) Act 1916 and Local Government Act 1972. Information provided on the form will be shared with the relevant consultees, including the Police, Charity Commission, Cornwall Councillors, members of the Council's Licensing Committee and other organisations as the law allows (these other organisations include government departments and local authorities, for the purposes of preventing or detecting crime or to protect public funds). Information will be held both manually and electronically and will not be kept for longer than is necessary.

I/We hereby agree to the Council making enquiries of the Police, concerning my/our application; and I/We understand that disclosure is not limited by the Rehabilitation of Offenders Act 1974, (as amended): ie. I/We consent to any "spent" offences being disclosed to the Council by the Police.

I confirm that I have read and understand the Street Collection Regulations (copy attached) and I confirm that I will comply with the conditions contained therein at all times.

I undertake to provide the licensing authority with a statement of income and expenditure within one month of the date of the collection as required by the Regulations of the Council. I understand that the 'form of statement' will be provided to me at the same time as the issue of any permit.

WARNING

Any person who for the purposes of an application under the Police, Factories (Miscellaneous Provisions) Act 1916, knowingly or recklessly furnishes any information which is false in material particular shall be guilty of an offence.

Applicants Signature:	Date:
Position in charity / organization:	Date:

Please complete all sections of the application form, as incomplete applications will be returned to the applicant.

Please note that occasionally additional information may be required in order to process the application.

If you have any questions regarding this form, please do not hesitate to contact the licensing service for advice.

Send completed application form at least **one month** before the date of the proposed collection to:-

The Licensing Service
Cornwall Council
Public Health & Protection
East Wing, 2nd Floor
Dolcoath Avenue
Camborne
Cornwall
TR14 8SX

Telephone 0300 1234 212
Fax: 01209 614493

e-mail envhealthandlicensing@cornwall.gov.uk

NB. Collection dates can be reserved in advance but please do not submit this form earlier than **six months** before collection dates.