

# Blackpool Council

①

## APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JIM R J ALLAN

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372  
[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

Complete Section B

ii. As a limited company

Complete Section B

iii. Other

Complete Section B

A) **Individual Applicant - Name, Address and details of applicant for the licence who will be responsible for the collection**

Title:  Mr  Mrs  Miss  Ms Forename (s) **JAMES ROBERT JOHN**

**ALLAN** **09 05 76**

Home address **BLACKPOOL**

Post Code **FY13**

Telephone Number **[REDACTED]** Mobile Number **[REDACTED]**

Email Address **[REDACTED]**

B) **Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection**

Name **[REDACTED]**

Registered **[REDACTED]**

Post Code **[REDACTED]**

Telephone Number **[REDACTED]** Mobile Number **[REDACTED]**

Email Address **[REDACTED]**

2) **Correspondence Name and Address**

**JIM RJ ALLAN**

Address **BLACKPOOL**

Post Code **FY13**

Telephone Number **[REDACTED]** Mobile Number **[REDACTED]**

Email Address **[REDACTED]**

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	HELP FOR HEROES				
Address	14 PARKERS CLOSE				
	DOWNTON BUSINESS CENTRE				
	DOWNTON	Post Code	S	P	5
Charity Registration Number (if applicable)	1120920				
			3	R	18

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

COLLECTION BUCKETS AND VOLUNTEERS

How many persons or groups of persons are to be involved in the collection to which the application is addressed?

FOUR

7) Use to which proceeds of this collection are to be put

TO SUPPORT WOUNDED & SICK ARMED FORCES AND THEIR FAMILIES.

8) Objects of the Charity or Fund.

TO SUPPORT THOSE WITH INJURIES AND ILLNESSES, ATTRIBUTABLE TO THEIR SERVICE IN THE BRITISH ARMED FORCES NO MATTER WHEN THEY SERVED.

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE	20/04/18
	21/04/18

BETWEEN WHAT HOURS

FROM:	0900
TO:	1700

10) Locality within which it is proposed to make the Collection or Sale.

ST JOHNS SQUARE, BLACKPOOL

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a collection or sale for a similar purpose ever been refused?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tick as appropriate

14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application.

- Promenade**  
If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed
- Town Centre**  
If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature	<i>James R J Allan</i>
Printed Name	JAMES R J ALLAN
Capacity	BLACKPOOL COUNTY COORDINATOR
Date	21/11/2017

# Blackpool Council

②

## APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JIM R J ALLAN

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

Complete Section A

a) An individual

b) A person other than an individual

II. As a limited company

III. Other

Complete Section B

Complete Section B

A) Individual Applicant - Name, Address and details of applicant for the licence who will be responsible for the collection

Title:  Mr  Mrs  Miss  Ms Forename (s) **JAMES ROBERT JOHN**

**ALLAN** **09 105 1976**

Home address **BLACK POOL**

Post Code **[REDACTED]**

Telephone Number **[REDACTED]** Mobile Number **[REDACTED]**

Email Address **[REDACTED]**

B) Non-individual Applicant - Business, Society or Charity responsible for the proposed Collection

Name **[REDACTED]**

Registered address **[REDACTED]**

Post Code **[REDACTED]**

Telephone Number **[REDACTED]** Mobile Number **[REDACTED]**

Email Address **[REDACTED]**

2) Correspondence Name and Address

Name **JIM RJ ALLAN**

Address **BLACK POOL**

Post Code **F1Y 3L**

Telephone Number **[REDACTED]** Mobile Number **[REDACTED]**

Email Address **[REDACTED]**

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	HELP FOR HEROES							
Address	14 PARKERS CLOSE							
	DOWNTON BUSINESS CENTRE							
	DOWNTON	Post Code	S	P	5	3	R	B
Charity Registration Number (if applicable)	11 209 20							

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

--

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

COLLECTION BUCKETS & VOLUNTEERS.
----------------------------------

How many persons is it proposed to employ to carry out the collection in the name of the charity to which the application is addressed?

FOUR
------

7) Use to which proceeds of this collection are to be put.

TO SUPPORT WOUNDED AND SICK ARMED FORCES AND THEIR FAMILIES.
--

8) Objects of the Charity or Fund.

TO SUPPORT THOSE WITH INJURIES AND ILLNESSES, ATTRIBUTABLE TO THEIR SERVICE IN THE BRITISH ARMED FORCES <del>NO</del> NO MATTER WHEN THEY SERVED
---

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE

18/05/18
19/05/18

BETWEEN WHAT HOURS

FROM: 0900
TO: 1700

10) Locality within which it is proposed to make the Collection or Sale.

ST JOHNS SQUARE, BLACKPOOL.

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tick as appropriate

14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application:

- Promenade**  
If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 476231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed
- Town Centre**  
If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204

Usual Signature	<i>James R J Allan</i>
Printed Name	JAMES R J ALLAN
Capacity	BLACKPOOL COUNTY COORDINATOR
Date	21/11/2017



# Blackpool Council

3

## APPLICATION FOR A STREET COLLECTION PERMIT

**Applicants Name:**

JIM R J ALLAN.

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372  
[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

a) An Individual

Complete Section A

b) A person other than an individual

I. As a charity

Complete Section B

II. As a limited company

Complete Section B

III. Other

Complete Section B

A) Individual Applicant -

Name, Address and details of applicant for the licence who will be responsible for the collection

Title:  Mr  Mrs  Miss  Ms Forename (s) JAMES ROBERT JOHN

Surname ALLAN Date of Birth 09 05 76

Home address BLACK POOL

Post Code FY3

☎ Telephone Number [Redacted] ☎ Mobile [Redacted]

Email Address [Redacted]

B) Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection

Name [Redacted]

Registered address [Redacted]

Post Code [Redacted]

☎ Telephone Number [Redacted] ☎ Mobile Number [Redacted]

Email Address [Redacted]

2) Correspondence Name and Address

Name JIM R J ALLAN

Address BLACK POOL

Post Code FY3

☎ Telephone Number [Redacted] ☎ Mobile Number [Redacted]

Email Address [Redacted]

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	HELP FOR HEROES.							
Address	14 PARKERS CLOSE							
	DOWNTOWN BUSINESS CENTRE							
	DOWNTOWN	Post Code	S	P	5	3	R	B
Charity Registration Number (if applicable)	1120920							

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

--

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

COLLECTION BUCKETS AND VOLUNTEERS.

6) How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?

FOUR.
-------

7) Use to which proceeds of this collection are to be put.

TO SUPPORT WOUNDED AND SICK ARMED FORCES AND THEIR FAMILIES.

8) Objects of the Charity or Fund.

TO SUPPORT THOSE WITH INJURIES AND ILLNESSES, ATTRIBUTABLE TO THEIR SERVICE IN THE BRITISH ARMED FORCES NO MATTER WHEN THEY SERVED.

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE

15/06/18
16/06/18

BETWEEN WHAT HOURS

FROM: 0900
TO: 1700

10) Locality within which it is proposed to make the Collection or Sale.

ST JOHNS SQUARE, BLACKPOOL.

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tick as appropriate


14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application:

- Promenade**  
If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a tramway activity permit may also be required.
- Town Centre**  
If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature	
Printed Name	JAMES R.J. ALLAN
Capacity	BLACKPOOL COUNTY COORDINATOR
Date	21/11/2017

# Blackpool Council

4

## APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JIM R J ALLAN

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372  
[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

I. As a charity

Complete Section B

II. As a limited company

Complete Section B

III. Other

Complete Section B

A) Individual Applicant -

Name, Address and details of applicant for the licence who will be responsible for the collection

Title:	<input checked="" type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Forename (s)	JAMES ROBERT JOHN		
Surname	ALLAN				Date of Birth	09	05	76
Home address	[REDACTED]							
	BLACKPOOL							
					Post Code	FY3	[REDACTED]	
☎ Telephone Number					☎ Mobile Number	[REDACTED]		
Email Address	[REDACTED]							

B) Non-Individual Applicant – Business, Society or Charity responsible for the proposed Collection

Name	[REDACTED]							
Registered address	[REDACTED]							
	[REDACTED]							
					Post Code			
☎ Telephone Number					☎ Mobile Number	[REDACTED]		
Email Address	[REDACTED]							

2) Correspondence Name and Address

Name	JIM RT ALLAN							
Address	[REDACTED]							
	BLACKPOOL							
					Post Code	FY3	[REDACTED]	
☎ Telephone Number					☎ Mobile Number	[REDACTED]		
Email Address	[REDACTED]							

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	HELP FOR HEROES			
Address	14 PARKERS CLOSE			
	DOWNTON BUSINESS CENTRE			
	DOWNTON	Post Code	SP5	3RB
Charity Registration Number (if applicable)	1120920			

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

--

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

COLLECTION BUCKETS AND VOLUNTEERS.
------------------------------------

6) How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?

FOUR
------

7) Use to which proceeds of this collection are to be put.

TO SUPPORT THOSE WITH INJURIES AND ILLNESSES HAVING SERVED IN THE FORCES.
---

8) Objects of the Charity or Fund.

TO SUPPORT THOSE WITH INJURIES AND ILLNESSES, ATTRIBUTABLE TO THEIR SERVICE IN THE BRITISH ARMED FORCES NO MATTER WHEN THEY SERVED
--

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE	20/07/18
	21/07/18

BETWEEN WHAT HOURS

FROM: 0900
TO: 1700

10) Locality within which it is proposed to make the Collection or Sale.

ST JOHNS SQUARE, BLACKPOOL

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tick as appropriate

14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

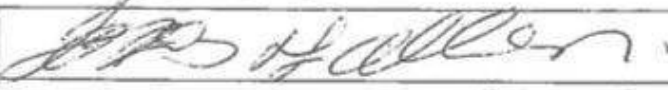
I understand that I am required to contact the following department(s) regarding my application:

1) Promenade

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2) Town Centre

If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature	
Printed Name	JAMES RJ ALLAN
Capacity	BLACKPOOL COUNTY COORDINATOR
Date	21/11/2017



# Blackpool Council

5

## APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JIM RJ ALLAN

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
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1) **Applicant Details**

in what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

I. As a charity

Complete Section B

II. As a limited company

Complete Section B

III. Other

Complete Section B

A) **Individual Applicant -**

Name, Address and details of applicant for the licence who will be responsible for the collection

Title:	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Forename (s)	JAMES ROBERT JOHN			
Surname	ALLAN		Date of Birth	09	05	76
Home address	[REDACTED]					
	BLACKPOOL					
		Post Code	[REDACTED]			
☎ Telephone Number		☎ Mobile Number	[REDACTED]			
Email Address	[REDACTED]					

B) **Non-Individual Applicant – Business, Society or Charity responsible for the proposed Collection**

Name	[REDACTED]				
Registered address	[REDACTED]				
		Post Code			
☎ Telephone Number		☎ Mobile Number	[REDACTED]		
Email Address	[REDACTED]				

2) **Correspondence Name and Address**

Name	JIM DJ ALLAN				
Address	[REDACTED]				
	BLACKPOOL				
		Post Code	[REDACTED]		
☎ Telephone Number		☎ Mobile Number	[REDACTED]		
Email Address	[REDACTED]				

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	HELP FOR HEROES				
Address	14 PARKERS CLOSE				
	DOWNTON BUSINESS CENTRE				
	DOWNTON	Post Code	S P 5	3 R 13	
Charity Registration Number (if applicable)	1120920				

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

--

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

COLLECTION BUCKETS & VOLUNTEERS
---------------------------------

6) How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?

FOUR
------

7) Use to which proceeds of this collection are to be put

TO SUPPORT WOUNDED AND SICK ARMED FORCES AND THEIR FAMILIES
---

8) Objects of the Charity or Fund.

TO SUPPORT THOSE WITH INJURIES AND ILLNESSES, ATTRIBUTABLE TO THEIR SERVICE IN THE BRITISH ARMED FORCES NO MATTER WHEN THEY SERVED
--

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE

14/09/2018
15/09/2018

BETWEEN WHAT HOURS

FROM: 0900
TO: 1700

10) Locality within which it is proposed to make the Collection or Sale.

ST JOHNS SQUARE, BLACKPOOL

11) Are the whole or the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tick as appropriate

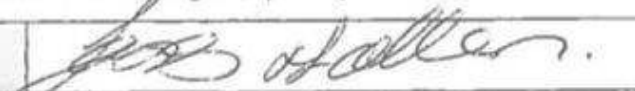
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AUTHORITY	DATE	REASON

15) Signature of Applicant

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- Town Centre**  
If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature	
Printed Name	JAMES RJ ALLAN
Capacity	BLACKPOOL COUNTY COORDINATOR
Date	2/11/2017

# Blackpool Council

6

## APPLICATION FOR A STREET COLLECTION PERMIT

<b>Applicants Name:</b>	JIM R J ALLAN
-------------------------	---------------

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
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[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

i. As a director

Complete Section B

ii. As a limited company

Complete Section B

iii. Other

Complete Section B

A) Individual Applicant -

Name, Address and details of applicant for the licence who will be responsible for the collection

Title:

<input checked="" type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
--	------------------------------	-------------------------------	-----------------------------

Forename (s)

JAMES ROBERT JOHN

Surname

ALLAN

Date of Birth

09 | 05 | 76

Home address

[Redacted]

BLACKPOOL

Post Code

F1Y3

☎ Telephone Number

☎ Mobile Number

[Redacted]

Email Address

B) Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection

Name

[Redacted]

Registered address

[Redacted]

Post Code

☎ Telephone Number

☎ Mobile Number

[Redacted]

Email Address

2) Correspondence Name and Address

Name

JIM RT ALLAN

Address

[Redacted]

BLACKPOOL

Post Code

F1Y3

☎ Telephone Number

☎ Mobile Number

[Redacted]

Email Address

[Redacted]

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	HELP FOR HEROES			
Address	14 PARKERS CLOSE			
	DOWNTON BUSINESS CENTRE			
	DOWNTON	Post Code	SP5	3RB
Charity Registration Number (if applicable)	1120920			

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

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5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

COLLECTION BUCKETS & VOLUNTEERS

6) How many persons is it proposed to authorize to act as collectors in the area of the local authority to which the application is addressed?

FOUR

7) Use to which proceeds of this collection are to be put.

TO SUPPORT WOUNDED AND SICK ARMED FORCES AND THEIR FAMILIES

8) Objects of the Charity or Fund.

TO SUPPORT THOSE WITH INJURIES AND ILLNESSES, ATTRIBUTABLE TO THEIR SERVICE IN THE BRITISH ARMED FORCES NO MATTER WHEN THEY SERVED

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE	16/11/18
	17/11/18

BETWEEN WHAT HOURS

FROM:	0900
TO:	1700

10) Locality within which it is proposed to make the Collection or Sale.

ST JOHNS SQUARE, BLACKPOOL

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

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Total amount of receipts	Amount to be deducted	Reason for deduction.

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YES	NO
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Tick as appropriate

14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

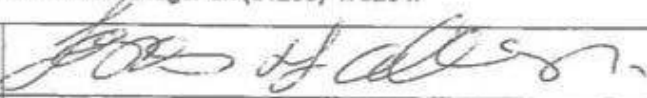
I understand that I am required to contact the following department(s) regarding my application:

1) Promenade

If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a liability liability permit may also be required.

2) Town Centre

If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 478204.

Usual Signature	
Printed Name	JAMES RJ ALLAN
Capacity	BLACKPOOL COUNTY COORDINATOR
Date	21/11/2017



# Blackpool Council

7

## APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JIM RJ ALLAN.

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372  
[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

ii. As a limited company

Complete Section B

iii. Other

Complete Section B

Complete Section B

A) **Individual Applicant -**

Name, Address and details of applicant for the licence who will be responsible for the collection

Title:

<input checked="" type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms
-------------------------------------	---------------------------	----------------------------	--------------------------

Forename (s)

JAMES ROBERT JOHN

Surname

ALLAN

Date of Birth

09 | 05 | 76

Home address

[REDACTED]  
BLACK POOL

Post Code

FY3 [REDACTED]

☎ Telephone Number

☎ Mobile Number

[REDACTED]

Email Address

B) **Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection**

Name

[REDACTED]

Registered address

[REDACTED]

Post Code

[REDACTED]

☎ Telephone Number

☎ Mobile Number

[REDACTED]

Email Address

[REDACTED]

2) **Correspondence Name and Address**

Name

JIM R J ALLAN

Address

[REDACTED]  
BLACK POOL

Post Code

FY3 [REDACTED]

☎ Telephone Number

☎ Mobile Number

[REDACTED]

Email Address

[REDACTED]

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	HELP FOR HEROES				
Address	14 PARKER'S CLOSE				
	DOWNTON BUSINESS CENTRE				
	DOWNTON	Post Code	S	P	5
			3	R	B
Charity Registration Number (if applicable)	1120920.				

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

--

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

collection Buckets & VOLUNTEERS
---------------------------------

6) How many premises is it proposed to visit in the area of the local authority in which the application is addressed?

FOUR.
-------

7) Use to which proceeds of this collection are to be put.

TO SUPPORT WOUNDED & SICK ARMED FORCES AND THEIR FAMILIES.
--

8) Objects of the Charity or Fund.

TO SUPPORT THOSE WITH INJURIES AND ILLNESSES, ATTRIBUTABLE TO THEIR SERVICE IN THE BRITISH ARMED FORCES NO MATTER WHEN THEY SERVED
---

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE	14/12/2018
	15/12/2018

BETWEEN WHAT HOURS

FROM:	0900
TO:	1700

10) Locality within which it is proposed to make the Collection or Sale.

ST JOHN'S SQUARE, BLACKPOOL

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Have you applied for a Collection or Sale for a similar object over seven days?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tick as appropriate

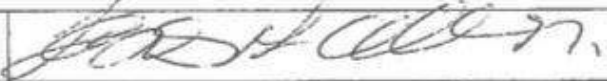
14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application.

- Promenade**  
If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a valid street trading permit may also be required.
- Town Centre**  
If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature	
Printed Name	JAMES DS ALLAN
Capacity	BLACKPOOL COUNTY COORDINATOR
Date	21/11/2018

# Blackpool Council

02 FEB 2018

## APPLICATION FOR A STREET COLLECTION PERMIT

**Applicants Name:**

SHEILA NORBURY (WHITTAKER'S)

DANCE AND DRAMA CENTRE



Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)

1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

for

i. As a charity

Complete Section B

ii. As a limited company

Complete Section B

iii. Other

Complete Section B

A) Individual Applicant -

Name, Address and details of applicant for the licence who will be responsible for the collection

Title:

Mr	Mrs	Miss	Ms	Forename (s)	SHEILA
----	-----	------	----	--------------	--------

Surname

NORBURY

Date of Birth

24	12	1959
----	----	------

Home address

[REDACTED]  
BLACKPOOL

Post Code

F	4	1	[REDACTED]
---	---	---	------------

☎ Telephone Number

[REDACTED]

☎ Mobile Number

[REDACTED]

Email Address

[REDACTED]

B) Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection

Name

[REDACTED]

Registered address

[REDACTED]

Post Code

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
------------	------------	------------	------------	------------	------------	------------	------------	------------	------------

☎ Telephone Number

[REDACTED]

☎ Mobile Number

[REDACTED]

Email Address

[REDACTED]

2) Correspondence Name and Address

Name

[REDACTED]

Address

[REDACTED]

Post Code

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
------------	------------	------------	------------	------------	------------	------------	------------	------------	------------

☎ Telephone Number

[REDACTED]

☎ Mobile Number

[REDACTED]

Email Address

[REDACTED]

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	MARIE CURIE CANCER CARE				
Address	89 Albert Embankment				
	Vauxhall				
	LONDON	Post Code	S	E	1 7TP
Charity Registration Number (if applicable)	207994				

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

Buckets and thr of Irish Dancing.

6) How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?

10

7) Use to which proceeds of this collection are to be put.

MARIE CURIE CANCER

8) Objects of the Charity or Fund.

Provide support to people with cancer

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE

21st APRIL 2018  
Saturday

BETWEEN WHAT HOURS

FROM: 10
TO: 4

(Dancing 2.30 - 3.30)



10) Locality within which it is proposed to make the Collection or Sale.

St John's Square + Church Street

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
✓	

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
	✓

Tick as appropriate

14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application:

- 1) **Promenade**  
If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a tramway activity permit may also be required.
- 2) **Town Centre**  
If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature	S Norbury		
Printed Name	S Norbury		
Capacity	Co-Owner of Whittaker's		
Date	2	2	18



Received

23 FEB 2010

# Blackpool Council

## APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

Alfie Habershon

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) Applicant Details

In what capacity are you applying for a licence?

- a) An individual
- b) A person other than an individual
  - i. As a charity
  - ii. As a limited company
  - iii. Other

Please tick:

- Complete Section A
- Complete Section B
- Complete Section B
- Complete Section B

A) Individual Applicant -

Name, Address and details of applicant for the licence who will be responsible for the collection

Title:	<input checked="" type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Forename (s)	Alfie			
Surname	Habershon		Date of Birth	12	08	96
Home address	[Redacted]					
	Manchester					
		Post Code	M14	[Redacted]		
☎ Telephone Number		☎ Mobile Number	[Redacted]			
Email Address	[Redacted]					

B) Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection

Name					
Registered address					
		Post Code			
☎ Telephone Number		☎ Mobile Number			
Email Address					

2) Correspondence Name and Address

Name	Meningitis Now				
Address	Fern House, Bath Road, Stroud, Gloucestershire				
		Post Code	GL5	3	7J
☎ Telephone Number		☎ Mobile Number			
Email Address					

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	Meningitis Now!				
Address	Fern House, Bath Road, Strand,				
	Gloucester, <del>GL1 2JH</del>				
	Post Code	GL	S	3	TJ
Charity Registration Number (if applicable)	803016.				

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

Bucket collection.

6) How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?

15

7) Use to which proceeds of this collection are to be put.

Entirely to fund Meningitis Now!

8) Objects of the Charity or Fund.

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE	12/05/18

BETWEEN WHAT HOURS

FROM:	10am
TO:	4pm

10) Locality within which it is proposed to make the Collection or Sale.

Town Centre

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tick as appropriate


14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application:

- Promenade**  
If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a tramway activity permit may also be required.
- Town Centre**  
If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature	
Printed Name	Alfie Habershon
Capacity	
Date	20 02 18

Received 11  
08 JAN 2018

Blackpool Council

# Blackpool Council

## APPLICATION FOR A STREET COLLECTION PERMIT

<b>Applicants Name:</b>	Kayleigh Russell
-------------------------	------------------

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

**Contact**

T: (01253) 47 8570  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

An individual

Complete Section A

a) A person other than an individual

I. As a charity

Complete Section B

II. As a limited company

Complete Section B

III. Other

Complete Section B

A) Individual Applicant -

Name, Address and details of applicant for the licence who will be responsible for the collection

Title: 

Mr	Mr s	Miss	Ms
----	---------	------	----

 Forename (s)

Surname  Date of Birth 

17	07	89
----	----	----

Home address

	<u>Post Code</u>

**☎ Telephone Number**

**☎ Mobile Number**

Email Address

B) Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection

Name

Registered address





		<b>Post Code</b>	F	Y	2	0	B	G
<b>Telephone Number</b>	01253 359362	<b>Mobile Number</b>	07827856866					
<b>Email Address</b>	Kayleigh.russell@trinityhospice.co.uk							

2) Correspondence Name and Address

**Name**

**Address**

Brian House Children's Hospice								
Low Moor Road, Bispham. Blackpool								
		<b>Post Code</b>	F	Y	2	0	B	G
<b>Telephone Number</b>	01253 359362	<b>Mobile Number</b>						
<b>Email Address</b>	Kayleigh.russell@trinityhospice.co.uk							

3) Name of charity or fund for which the Collection / Sale is being made.

<b>Name of Charity</b>	Brian House Children's Hospice							
<b>Address</b>	Low Moor Road							
	Bispham, Blackpool							
			<b>Post Code</b>	F	Y	2	0	B
<b>Charity Registration Number (if applicable)</b>	511009							

4) The Street Collection will be for the collection of:

<b>Money</b>	<b>Property</b>
X	

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:



- 5) **What method of collection is to take place?**  
**For example will it be a bucket collection, line of coins, or entertainment / specific event?**  
**Please provide a description of the type of collection that is proposed to take place.**

Charity collection buckets at the event

- 6) **How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?**

5

- 7) **Use to which proceeds of this collection are to be put.**

To fund the work of Brian House children's hospice

- 8) **Objects of the Charity or Fund.**

Provide hospice care to Children in Blackpool, Fylde & Wyre

- 9) **Date of Proposed Collection or Sale, and between what hours:**

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE

14/04/2018 *or*  
14/04/2018

**BETWEEN WHAT HOURS**

FROM: 11am

TO: 3pm

- 10) **Locality within which it is proposed to make the Collection or Sale.**

Lawson's Showground

- 11) **Are the whole of the receipts to be paid over for the benefit of the Charity or fund?**





YES	NO
x	

Tick as appropriate

- 12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

- 13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
	x

Tick as appropriate

- 14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

- 15) Signature of Applicant


I understand that I am required to contact the following department(s) regarding my application:

- 1) Promenade

If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a tramway activity permit may also be required.

- 2) Town Centre

If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature			
Printed Name	Kayleigh Russell		
Capacity	Event Fundraiser, Fundraising department		
Date	15	12	2017



# Blackpool Council

## APPLICATION FOR A STREET COLLECTION PERMIT

**Applicants Name:**

Kayleigh Russell

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

I. As a charity

Complete Section B

II. As a limited company

Complete Section B

III. Other

Complete Section B

A) Individual Applicant -

Name, Address and details of applicant for the licence who will be responsible for the collection

<b>Title:</b>	Mr	Mrs	Miss	Ms	<b>Forename (s)</b>						
<b>Surname</b>					<b>Date of Birth</b>						
<b>Home address</b>											
					<b>Post Code</b>						
<b>Telephone Number</b>					<b>Mobile Number</b>						
<b>Email Address</b>											

B) Non-Individual Applicant – Business, Society or Charity responsible for the proposed Collection

<b>Name</b>	Trinity Hospice										
<b>Registered address</b>	Low Moor Road										
	Bispham										
	Blackpool				<b>Post Code</b>	F	Y	2	0	B	G
<b>Telephone Number</b>	01253 359355				<b>Mobile Number</b>	07868326209					
<b>Email Address</b>	kayleigh.russell@trinityhospice.co.uk										

2) Correspondence Name and Address

<b>Name</b>	Kayleigh Russell, Trinity Hospice										
<b>Address</b>	Low Moor Road										
	Bispham										
	Blackpool				<b>Post Code</b>	F	Y	2	0	B	G
<b>Telephone Number</b>	01253 359355				<b>Mobile Number</b>	07868326209					
<b>Email Address</b>	kayleigh.russell@trinityhospice.co.uk										

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	Trinity Hospice						
Address	Low Moor Road						
	Bispham						
	Blackpool	Post Code	F	Y	2	0	B
Charity Registration Number (if applicable)	511009						

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

Collection buckets at the event

6) How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?

6

7) Use to which proceeds of this collection are to be put.

To fund the work of the Hospice.

8) Objects of the Charity or Fund.

Provide hospice care across Blackpool, Fylde and Wyre.

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE

13.05.18

BETWEEN WHAT HOURS

FROM:	10.00am
TO:	1.00pm

10) Locality within which it is proposed to make the Collection or Sale.

Blackpool Promenade. Start line and turnaround.

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
✓	

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
	✓

Tick as appropriate

14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application:

1) Promenade

If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a tramway activity permit may also be required.

2) Town Centre

If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature	<i>K. Russell</i>		
Printed Name	Kayleigh Russell		
Capacity	Event Fundraiser		
Date	16	02	2018



# Blackpool Council

## APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

DAVID WINDLE



### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)

1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

- a) An individual  Complete Section A
- b) A person other than an individual
  - i. As a charity  Complete Section B
  - ii. As a limited company  Complete Section B
  - iii. Other  Complete Section B

A) Individual Applicant -

Name, Address and details of applicant for the licence who will be responsible for the collection

Title:	Mr	Mrs	Miss	Ms	Forename (s)				
<u>Surname</u>					<u>Date of Birth</u>				
<u>Home address</u>									
					<u>Post Code</u>				
☎ Telephone Number					☎ Mobile Number				
<u>Email Address</u>									

B) Non-Individual Applicant – Business, Society or Charity responsible for the proposed Collection

<u>Name</u>	The individuals need you											
<u>Registered address</u>	54 WOOD ST LITTLEHAMPTON ST ANNES											
					<u>Post Code</u>	F	Y	S	•	1	Q	G
☎ Telephone Number	01253 720515				☎ Mobile Number	07984 414587						
<u>Email Address</u>	contact@lwywsh.org.uk											

2) Correspondence Name and Address

<u>Name</u>	DAVID WINDS											
<u>Address</u>	5 ROSEBURY AVE											
	BLACKPOOL											
					<u>Post Code</u>	F	Y	4		1	L	1A
☎ Telephone Number	01253 720515				☎ Mobile Number	07984 414587						
<u>Email Address</u>	d.winds@lwywsh.org.uk											

3) Name of charity or fund for which the Collection / Sale is being made

Name of Charity	Tiny individuals need you				
Address	54 Wood St				
	LYTHAM ST ANNES				
	Post Code	F	V	8	1 G C
Charity Registration Number (if applicable)					

4) The Street Collection will be for the collection of:

Money	Property	Tick as appropriate
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If property is collected, is this to give away use or sell on behalf of charity please state:

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

Recycled + sorted collection Buckets

6) How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?

6

7) Use to which proceeds of this collection are to be put.

To raise funds to buy static homes and ground rent  
Day issues food vouchers and items for underprivileged children

8) Objects of the Charity or Fund.

As Above

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE

24th - 25th May 2018
25th - 26th Aug 2018

BETWEEN WHAT HOURS

FROM: 9am
TO: 11pm



10) Locality within which it is proposed to make the Collection or Sale.

Promenade and Town Centre

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate.

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tick as appropriate.

14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application:

- Promenade**  
If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a tramway activity permit may also be required.
- Town Centre**  
If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature	
Printed Name	DAVID WINDER
Capacity	DIRECTOR
Date	17 Oct 2018

# Blackpool Council

23 JAN 2018

## APPLICATION FOR A STREET COLLECTION PERMIT

<b>Applicants Name:</b>	HERE4U
-------------------------	--------

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372  
[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

I. As a charity

Complete Section B

II. As a limited company

Complete Section B

III. Other

Complete Section B

A) Individual Applicant -

Name, Address and details of applicant for the licence who will be responsible for the collection

Title:

Mr	Mrs	Miss	Ms	Forename (s)	
----	-----	------	----	--------------	--

Surname

	Date of Birth			
--	---------------	--	--	--

Home address


☎ Telephone Number

Post Code

☎ Mobile Number

Email Address


B) Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection

Name

MARC BENTLEY
--------------

Registered address

HERE4U, 210 DICKSON ROAD
BLACKPOOL

☎ Telephone Number

Post Code

☎ Mobile Number

Email Address

0300 120 0480									
marc.bentley@here4ucharity.org.uk									

2) Correspondence Name and Address

Name

AS ABOVE
----------

Address


☎ Telephone Number

Post Code

☎ Mobile Number

Email Address


3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	HERE4U				
Address	210 DICKSON ROAD				
	BLACKPOOL				
	Post Code	F	4	1	2 JS
Charity Registration Number (if applicable)	1170803				

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

--

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

Fundraising e.g. Tombola / name the teddy / Bucket Sales e.g. Donated items / Promotional materials
--

6) How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?

Between 4 - 10 Running stalls
-------------------------------

7) Use to which proceeds of this collection are to be put.

To continue funding HERE4U objectives
---------------------------------------

8) Objects of the Charity or Fund.

Provide support and a listening ear to local residents suffering from mental health / Isolation + Loneliness
--

9) Date of Proposed Collection or Sale, and between what hours:

**NE** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE	18/08/18
	18/08/18

BETWEEN WHAT HOURS

FROM: 08.00
TO: 20.00

10) Locality within which it is proposed to make the Collection or Sale.

St Johns Square outside winter gardens  
Permission granted by blackpool BID

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tick as appropriate


14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application:

- Promenade**  
If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a tramway activity permit may also be required.
- Town Centre**  
If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature			
Printed Name	MARC BENTLEY		
Capacity	CHIEF EXECUTIVE / TRUSTEE		
Date	18	01	18

Received

25 JAN 2018

Received

25 JAN 2018

# Blackpool

## APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BLACKPOOL LIFEBOAT

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

i. As a charity

Complete Section B

ii. As a limited company

Complete Section B

iii. Other

Complete Section B

A) Individual Applicant

Name, Address and details of applicant for the licence who will be responsible for the collection

Title:	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Forename (s)	BARBARA			
Surname	JONES		Date of Birth	07	12	44
Home address	[REDACTED]					
	BLACKPOOL					
		Post Code	FY3	[REDACTED]		
☎ Telephone Number	[REDACTED]	☎ Mobile Number	[REDACTED]			
Email Address	[REDACTED]					

B) Non-Individual Applicant – Business, Society or Charity responsible for the proposed Collection

Name	ROYAL NATIONAL LIFEBOAT INSTITUTION				
Registered address	WEST QUAY ROAD				
	POOLE				
	DORSET		Post Code	BH15	1HZ
☎ Telephone Number	[REDACTED]	☎ Mobile Number	[REDACTED]		
Email Address	[REDACTED]				

2) Correspondence Name and Address

Name	MRS. BARBARA JONES				
Address	[REDACTED]				
	BLACKPOOL				
		Post Code	FY3	[REDACTED]	
☎ Telephone Number	[REDACTED]	☎ Mobile Number	[REDACTED]		
Email Address	[REDACTED]				

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	ROYAL NATIONAL LIFEBOAT INSTITUTION				
Address	WEST QUAY RD.				
	POOLE				
	DORSET			Post Code	BH15 1HZ
Charity Registration Number (if applicable)	209603				

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

SEALED BUCKET COLLECTION FOR LIFEBOAT OPEN DAY.

6) How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?

6

7) Use to which proceeds of this collection are to be put.

COSTS OF VOLUNTARY LIFEBOAT SERVICE

8) Objects of the Charity or Fund.

SAVING LIVES AT SEA.

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE	SATURDAY
	4TH AUG. 2018

BETWEEN WHAT HOURS

FROM:	10a.m
TO:	5p.m



10) Locality within which it is proposed to make the Collection or Sale.

IN AND AROUND LIFEBOAT STATION  
CENTRAL PROMENADE BLACKPOOL

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tick as appropriate

14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application:

- Promenade**  
If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a tramway activity permit may also be required.
- Town Centre**  
If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature	Barbara Jones
Printed Name	BARBARA JONES
Capacity	FUNDRAISING TREASURER.
Date	23 01 18

# Blackpool

Received

25 JAN 2010

## APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BLACKPOOL LIFEBOAT

### Built Environment

Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

- a) An individual  Complete Section A
- b) A person other than an individual
- i. As a charity  Complete Section B
  - ii. As a limited company  Complete Section B
  - iii. Other  Complete Section B

A) Individual Applicant -

Name, Address and details of applicant for the licence who will be responsible for the collection

Title:	Mr <input type="checkbox"/> Mrs <input checked="" type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Forename (s)	BARBARA			
Surname	JONES		Date of Birth	07	12	44
Home address	[REDACTED]					
	BLACKPOOL					
Telephone Number	[REDACTED]	Mobile Number	[REDACTED]	Post Code	FY3	[REDACTED]
Email Address	[REDACTED]					

B) Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection

Name	ROYAL NATIONAL LIFEBOAT INSTITUTION				
Registered address	WEST QUAY ROAD				
	POOLE				
	DORSET				
Telephone Number	[REDACTED]	Mobile Number	[REDACTED]	Post Code	BH15 1HZ
Email Address	[REDACTED]				

2) Correspondence Name and Address

Name	MRS. BARBARA JONES					
Address	[REDACTED]					
	BLACKPOOL					
Telephone Number	[REDACTED]	Mobile Number	[REDACTED]	Post Code	FY3	[REDACTED]
Email Address	[REDACTED]					

3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity	ROYAL NATIONAL LIFEBOAT INSTITUTION		
Address	WEST QUAY ROAD		
	POOLE		
	DORSET	Post Code	BH151HZ
Charity Registration Number (if applicable)	209603		

4) The Street Collection will be for the collection of:

Money	Property
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

--

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

SEALED BUCKETS
----------------

6) How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?

6
---

7) Use to which proceeds of this collection are to be put.

COSTS OF VOLUNTEER LIFEBOAT SERVICE
-------------------------------------

8) Objects of the Charity or Fund.

SAVING LIVES AT SEA.
----------------------

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE

SUNDAY
2ND SEPT 18

BETWEEN WHAT HOURS

FROM: 1pm
TO: 5pm

10) Locality within which it is proposed to make the Collection or Sale.

BETWEEN LIFE BOAT STATION AND SOUTH PIER ON WEST SIDE OF PROMENADE FOR BOAT PULL EVENT

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

Tick as appropriate

14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application:

1) Promenade

If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a tramway activity permit may also be required.

2) Town Centre

If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature	Barbara Jones
Printed Name	BARBARA JONES
Capacity	FUNDRAISING TREASURER
Date	23 01 18

# Blackpool Council

## APPLICATION FOR A STREET COLLECTION PERMIT

<b>Applicants Name:</b>	Rebecca Scott
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Licensing Service  
Blackpool Council  
Municipal Buildings, PO Box 4  
Blackpool, FY1 1NA

### Contact

T: (01253) 47 8570  
F: (01253) 47 8372

[www.blackpool.gov.uk](http://www.blackpool.gov.uk)

1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

I. As a charity

Complete Section B

II. As a limited company

Complete Section B

III. Other

Complete Section B

A) Individual Applicant - Name, Address and details of applicant for the licence who will be responsible for the collection

<b>Title:</b>	<input type="text"/>	<b>Forename (s)</b>	<input type="text"/>
<b>Surname</b>	<input type="text"/>	<b>Date of Birth</b>	<input type="text"/>
<b>Home address</b>	<input type="text"/>		
	<input type="text"/>		
	<b>Post Code</b>	<input type="text"/>	<input type="text"/>
<b>Telephone Number</b>	<b>Mobile Number</b>	<input type="text"/>	
<b>Email Address</b>	<input type="text"/>		

B) Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection

<b>Name</b>	Alzheimer's Society		
<b>Registered address</b>	43-44 Crutched Friars, London		
	<b>Post Code</b>	<input type="text"/>	<input type="text"/>
<b>Telephone Number</b>	<b>Mobile Number</b>	N/A	
<b>Email Address</b>	enquiries@alzheimers.org.uk		

2) Correspondence Name and Address

<b>Name</b>	Rebecca Louise Scott		
<b>Address</b>	Alzheimer's Society, Room 1, Ground Floor, The Beacon, Westgate Road		
	Newcastle Upon Tyne		
	<b>Post Code</b>	<input type="text"/>	<input type="text"/>
<b>Telephone Number</b>	<b>Mobile Number</b>	07484 090 894	
<b>Email Address</b>	Rebecca.scott@alzheimers.org.uk		

3) Name of charity or fund for which the Collection / Sale is being made.

<b>Name of Charity</b>	Alzheimer's Society												
<b>Address</b>	43-44 Crutched Friars, London												
							<b>Post Code</b>	E	C	3	N	2	A
<b>Charity Registration Number (if applicable)</b>	296645												

4) The Street Collection will be for the collection of:

Money	Property
Y	

Tick as appropriate

If property is collected, is this to give away use or sell on behalf of charity please state:

5) What method of collection is to take place?

For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.

In conjunction with Blackpool Memory Walk, taking place on Promenade on Sunday 16<sup>th</sup> September 2018.

6) How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?

20 volunteers.

7) Use to which proceeds of this collection are to be put.

Continue to support research and families affected by dementia.

8) Objects of the Charity or Fund.

Our mission is to transform the landscape of dementia forever. Until the day we find a cure, we will strive to create a society where those affected by dementia are supported and accepted, able to live in their community without fear or prejudice.

9) Date of Proposed Collection or Sale, and between what hours:

**NB** Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

<b>DATE</b>	Sunday 16 <sup>th</sup> September 2018	<b>BETWEEN WHAT HOURS</b>	FROM: 09:00
			TO: 16:00



10) Locality within which it is proposed to make the Collection or Sale.

Tower Festival Headland and Blackpool Promenade.

11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

YES	NO
Y	

Tick as appropriate

12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

Total amount of receipts	Amount to be deducted	Reason for deduction.

13) Has a permit for a Collection or Sale for a similar object ever been refused?

YES	NO
	Y

Tick as appropriate

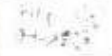
14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON
N/A		

15) Signature of Applicant

I understand that I am required to contact the following department(s) regarding my application:

- Promenade**  
 If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions will need to be signed and a tramway activity permit may also be required.
- Town Centre**  
 If you are planning to hold a street collection within the Town Centre, permission should immediately be sought from the Town Centre Admin Manager on (01253) 476204.

Usual Signature			
Printed Name	Rebecca Louise Scott		
Capacity	Memory Walk Officer		
Date	03	01	2018

\* required information

**Section 1 of 10**

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference  This is the unique reference for this application generated by the system.

Your reference  You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes  No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

**Applicant Details**

\* First name

\* Family name

\* E-mail

Main telephone number  Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader

Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

**Applicant Business**

\* Is your business registered in the UK with Companies House?  Yes  No

\* Is your business registered outside the UK?  Yes  No

\* Business name  If your business is registered, use its registered name.

\* VAT number   Put "none" if you are not registered for VAT.

\* Legal status

Continued from previous page...

\* Your position in the business

Home country

The country where the headquarters of your business is located.

**Business Address**

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

\* Building number or name

\* Street

District

\* City or town

County or administrative area

Postcode

\* Country

**Section 2 of 10**

**FURTHER DETAILS ABOUT THE APPLICANT**

Please note: the applicant must be the organiser of the proposed collection

Former name(s)

If currently or previously known by any other name(s), you must record them here.

**Home Address**

Is the address the same as (or similar to) the address given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes

No

\* Building number or name

\* Street

District

\* City or town

County or administrative area

\* Postcode

\* Country

**Further Details**

\* Date of birth  /  /   
dd mm yyyy

\* Place of birth

**Section 3 of 10**

**ORGANISATION WHICH IS RESPONSIBLE FOR THE COLLECTION**

Continued from previous page...

\* Provide a brief description of the organisation and its objectives

A Christian residential community helping the homeless and those recovering from addictions.

\* Are the proceeds of the collection to benefit this organisation?

Yes  No

\* Is this organisation a registered charity?

Yes  No

\* Registration number

1081462

\* What are the proceeds of the collection to be used for?

To fund the Manchester centre of Betel, helping the North-west.

#### Section 4 of 10

#### CHARITY, FUND OR ORGANISATION TO BENEFIT FROM THE COLLECTION

\* Is another organisation going to benefit from your collection?

Yes  No

#### Section 5 of 10

#### TYPES OF COLLECTION

\* What type(s) of collection will you be performing?

- A street collection  
 A house-to-house collection  
 Both street and house-to-house collections

#### Street Collection

Check for local guidance notes and conditions before completing this section. Some of the questions may not be relevant to local circumstances or your responses may have to provide very specific information.

#### Where

\* In what parts of this authority's area do you intend to carry out the collection?

Blackpool Town Centre

#### When

\* Preferred dates for the collection

3rd, 4th, 5th & 6th December 2018

Alternative dates



Continued from previous page...

\* During what hours of the day will the collection be held?

10:00- 18:00

**Collectors**

\* How many people do you plan to authorise as collectors?

6

\* How will the collectors be identifiable? (provide details of badge, certificate of authority etc)

Collectors carol singing dressed in Christmas outfits with Betel collection buckets and flyers with details.

**What**

Check for local guidance notes which may clarify what is allowable in your area and whether additional permissions or licences are required.

\* Do you plan to hold the collection in conjunction with a carnival, procession or other event?

Yes  No

\* Do you intend to offer anything for sale during the collection?

Yes  No

**Section 6 of 10**

**EXPENSES AND PAYMENT**

\* Will 100% of the proceeds of the collection be donated to a charity or used for charitable purposes?

Yes  No

**Statement Of Return**

\* Which of the following types of return will you submit, giving details of proceeds and deductions?

Street collection only

**Section 7 of 10**

**PREVIOUS APPLICATIONS**

\* Have you, or any person named in or associated with this application, previously applied for a similar licence or registration? (check all that apply)

No  Yes - application granted and revoked  
 Yes - application granted  Yes - application refused

**Application Granted**

Only provide details about the most recent application – unless stated otherwise in local guidance notes.

\* Local authority applied to Manchester City Council

\* Date of licence/registration 20th February 2017

\* Reference number 195507

Continued from previous page...

\* Expiry date

24th December 2017

Add another granted section

Section 8 of 10

CONVICTIONS

\* Have you, or any person named in or associated with this application, been convicted of any crime or offence?

Yes

No

Section 9 of 10

ADDITIONAL DETAILS

Provide any additional information which is required or relevant to your application (check for local guidance notes and conditions which may provide details of specific requirements in your area)

Section 10 of 10

DECLARATION

I am aware that should a Licence be granted to me the collection must take place in strict compliance with the house-to-house collection regulations and/or the street collection regulations as appropriate. I am aware that it is also necessary for me to submit a certified form of statement within 28 days of the collection taking place.

I understand that the information I have provided, will be held by the Council on both computerised and manual files. This data may be made available on a public register if so required by relevant legislation. The data may also be disclosed to other departments within the Council and other organisations, but only in order to ensure compliance with relevant legislation, for identification purposes or to prevent or detect fraud or a crime.

Ticking this box indicates you have read and understood the above declaration

This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?"

\* Full name

Angela Parkinson

\* Capacity

Regional Co-Director

\* Date

24 / 01 / 2018

dd mm yyyy

Add another signatory

Once you're finished you need to do the following:

1. Save this form to your computer by clicking file/save as...
2. Go back to <https://www.gov.uk/apply-for-a-licence/street-collection-licence/blackpool/apply-1> to upload this file and continue with your application.

Don't forget to make sure you have all your supporting documentation to hand.

**OFFICE USE ONLY**

Applicant reference number	<input type="text"/>
Fee paid	<input type="text"/>
Payment provider reference	<input type="text"/>
ELMS Payment Reference	<input type="text"/>
Payment status	<input type="text"/>
Payment authorisation code	<input type="text"/>
Payment authorisation date	<input type="text"/>
Date and time submitted	<input type="text"/>
Approval deadline	<input type="text"/>
Error message	<input type="text"/>
Is Digitally signed	<input type="checkbox"/>

< Previous 1 2 3 4 5 6 7 8 9 10 Next >