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BlackpoolCouncil

10 March 2017

To: Councillors Collett, Hobson, Humphreys, Hutton, Maycock, Robertson BEM and Singleton

The above members are requested to attend the:

PUBLIC PROTECTION SUB-COMMITTEE

Tuesday, 21 March 2017 at 6.00 pm in Committee Room A, Town Hall, Blackpool

AGENDA

ADMISSION OF THE PUBLIC TO COMMITTEE MEETINGS

The Head of Democratic Governance has marked with an asterisk (*) those items where the Committee may need to consider whether the public should be excluded from the meeting as the items are likely to disclose exempt information.

The nature of the exempt information is shown in brackets after the item.

1 DECLARATIONS OF INTEREST

Members are asked to declare any interests in the items under consideration and in doing so state:

- (1) the type of interest concerned; and
- (2) the nature of the interest concerned

If any member requires advice on declarations of interests, they are advised to contact the Head of Democratic Governance in advance of the meeting.

2 MINUTES OF THE LAST MEETING HELD ON 21 FEBRUARY 2017 (Pages 1 - 4)

To agree the minutes of the last meeting held on 21 February 2017 as a true and correct record.

3 ALLOCATION OF STREET COLLECTIONS 2017/2018 (Pages 5 - 70)

To consider the allocation of street collections for 2017/2018.

* 4 PRIVATE HIRE AND HACKNEY CARRIAGE DRIVERS LICENCE

(Pages 71 - 76)

(This item contains personal information regarding applicants and licence holders which is exempt from publication by virtue of Paragraph 1 of Part 1 of Schedule 12A of the Local Government Act 1972)

5 DATE OF NEXT MEETING

To note the date of the next meeting as 25 April 2017.

Venue information:

First floor meeting room (lift available), accessible toilets (ground floor), no-smoking building.

Other information:

For queries regarding this agenda please contact Chris Williams, Democratic Governance Adviser, Tel: (01253) 477153, e-mail: chris.williams@blackpool.gov.uk

Copies of agendas and minutes of Council and committee meetings are available on the Council's website at www.blackpool.gov.uk.

Public Document Pack Agenda Item 2

MINUTES OF PUBLIC PROTECTION SUB-COMMITTEE MEETING - TUESDAY, 21 FEBRUARY 2017

Present:

Councillor Hutton (in the Chair)

Councillors

Collett Humphreys Robertson BEM

Hobson Maycock Singleton

In Attendance:

Mrs Sharon Davies, Head of Licensing Service Mr Chris Williams, Democratic Services Adviser

Apologies:

Councillors

1 DECLARATIONS OF INTEREST

Councillor Collett declared a prejudicial interest in relation to agenda item 3, 'Application to license a Cinderella Horse-Drawn Hackney Carriage'. The nature of the interest being that he knew the applicant.

2 MINUTES OF THE LAST MEETING HELD ON 24 JANUARY 2017

Resolved:

That the minutes of the meeting held on 24 January 2017 be signed by the Chairman as a correct record.

3 EXCLUSION OF THE PUBLIC

That under Section 100 (A) of the Local Government Act 1972, the public be excluded from the meeting during consideration of the whole item, including the decision referred to at Agenda item 4 on the grounds that it would involve the likely disclosure of exempt information as defined in paragraph 1 of Part 1 of Schedule 12A of the Act.

4 APPLICATION TO LICENSE A CINDERELLA HORSE-DRAWN HACKNEY CARRIAGE

The Sub-Committee considered an application to license a modified Horse-Drawn Hackney Carriage. During consideration of the application, Members conducted a visual inspection of the Carriage.

Mr Simmons was in attendance at the meeting.

Mr Andrews, Licensing Officer, who was in attendance, informed the Sub-Committee that the Carriage on display had been inspected by the Council's Carriage Inspector and he had confirmed that it had met the required standard.

MINUTES OF PUBLIC PROTECTION SUB-COMMITTEE MEETING - TUESDAY, 21 FEBRUARY 2017

Resolved:

That the application to license a modified Horse-Drawn Hackney Carriage be granted in the case of Mr Simmons.

NOTE: Councillor Collett, having declared a prejudicial interest, took no part in consideration of the item and the subsequent discussions and decision.

5 PRIVATE HIRE AND HACKNEY CARRIAGE DRIVERS LICENCE

The Sub-Committee was informed of Hackney Carriage and Private Hire Vehicle Driver Licence applicants who had given sufficient cause for concern as to be referred to the Sub-Committee for consideration.

Members discussed the application as follows:

(i) JRP - New Hackney Carriage and Private Hire Vehicle Driver Applicant

JRP was in attendance and made representations to the Sub-Committee. He explained that he had lived with a medical condition related to his eyesight for many years and it had not impaired his ability to drive. He added that he had declared his condition to the Driving and Vehicle Licensing Agency and it was therefore listed on his vehicle licence. Following a question, the applicant advised that he had not been in contact with the DVLA more recently to advise of any changes with his eyesight. The Sub-Committee also considered a recent eye test report submitted by the applicant.

Mr Andrews presented the case on behalf of the Authority. He reported that in addition to the medical condition described by the applicant, there was also a previous conviction for an offence that had involved deception, though it was acknowledged that over 20 years had elapsed since the offence.

Members were advised that as part of the application process, drivers were required to pass a medical to group 2 standards and that this was the same type of medical required to be licensed as a bus or lorry driver. The applicant in this case had failed to meet the requirements of the medical certificate despite comments from his doctor that suggested the applicant was able to drive cars only.

The Sub-Committee considered the case and reasoned that while the applicant had driven without incident for many years, there were concerns that his impaired vision could pose a risk to fare paying passengers.

Resolved:

That the application for a Private Hire Vehicle Driver's Licence be refused on the grounds that the applicant had not met the relevant medical standards required of all prospective licensed drivers.

(ii) SMA - New Private Hire Vehicle Driver Applicant

SMA was in attendance and made representations to the Sub-Committee. $\begin{tabular}{l} Page 2 \end{tabular}$

MINUTES OF PUBLIC PROTECTION SUB-COMMITTEE MEETING - TUESDAY, 21 FEBRUARY 2017

Mr Andrews presented the case on behalf of the Authority. He advised that the applicant had a fairly extensive list of prior convictions for a wide range of offences that included drugs, driving and dishonesty offences. In addition, it was reported that the applicant had failed to declare many of the convictions when completing the application to be licensed.

SMA advised that he had made some poor choices in the past and showed remorse for the offences he had committed. He added that he could not recall the precise details of some of the offences and so was unable to fully list them on the application form.

The Sub-Committee considered the representations and agreed that whilst the applicant had shown remorse, the fact that he had a long history of offending behaviour and had repeatedly withheld information regarding his convictions led to a stern view being taken.

Resolved:

That the application for a Private Hire Vehicle Driver's Licence be refused on the grounds that the applicant was not a fit and proper person due to the number and type of offences committed and the relatively short time that had elapsed since the date of the last offence.

6 DATE OF NEXT MEETING

Members noted that the date of the next meeting was scheduled for Tuesday 21 March 2017.

Chairman

(The meeting ended at 6.45 pm)

Any queries regarding these minutes, please contact: Chris Williams Democratic Governance Adviser Tel: (01253) 477153

E-mail: chris.williams@blackpool.gov.uk

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Report to:	PUBLIC PROTECTION SUB-COMMITTEE
Relevant Officer:	Sharon Davies, Head of Licensing Service
Date:	21 March 2017

ALLOCATION OF STREET COLLECTIONS 2017/2018

1.0 Purpose of the report:

1.1 To consider the allocation of street collections for 2017/2018

2.0 Recommendation(s):

- 2.1 To consider the applications for street collection permits detailed in 5.4 5.12
- 2.2 To delegate to the Head of Licensing Services authority to issue further suitable applicants with permits.
- 2.3 To authorise the grant of a permit under the street collection regulations to cover the public collections made via the collection booths during the period of the illuminations and to permit the sale to the public a brochure on the evening of the Switch On of the 2017 Illuminations.

3.0 Reasons for recommendation(s):

- 3.1 The Sub-Committee is required to consider applications received for the forthcoming year and consider whether they wish to deal with future applications themselves or delegate powers to grant suitable applications to the Head of Licensing Services.
- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council?
- 3.2b Is the recommendation in accordance with the Council's approved Yes budget?
- 3.3 Other alternative options to be considered:

The Sub-Committee has the power to grant or refuse the applications.

4.0 Council Priority:

4.1 The relevant Council Priority is "The Economy: Maximising growth and opportunity across Blackpool"

5.0 Background Information

- 5.1 Street collections are regulated by under the Police, Factories, etc (Miscellaneous Provisions) Act 1916.
- This report sets out the charities on the approved Council list together with other requests for collection permits in 2017/2018.
- The Sub-Committee is requested to select those organisations which should be allowed street collection permits for the forthcoming 12 month period.
- The following organisations on the approved list have indicated that they wish to hold a street collection in Blackpool during 2017/2018:
 - Blackpool RNLI
 - The Salvation Army
 - Trinity Hospice

Copies of the applications can be found in Appendix 3(a)

- 5.5 The Licensing Service has also received the following applications for street collections in the forthcoming year. Copies of the applications can be found in Appendix 3(b)
- 5.6 **Future Sense Foundation**. This is a national charity which supports disadvantaged communities around the world. The application for consideration today is for a permit to collect in the Town Centre on 26 March 2017. Four previous permits have been issued but none have been used.
- 5.7 **Help for Heroes.** This is a national charity providing support to members of the armed forces. This applicant has been granted one previous permit. Applications are made for collections on 7/8 April, 12/13 May, 14/15 July. Blackpool BID has no objections but cannot guarantee space in St Johns Square until nearer those dates.
- 5.8 **British Lung Foundation**. This is a charity which supports people suffering from lung disease. The application is for permits to make collections on the Promenade on 16 April 2017. This would be the charities first street collection in Blackpool.

5.9 Make a Wish UK. This is a charity grants wishes to enrich the lives of children and young people living with life threatening conditions. A permit is requested for a collection in the Town Centre on 10 June 2017. The last permit was granted in 2012. 5.10 **Sense**. This is a national charity supporting people who are deafblind, have sensory impairments or have complex needs. The application is for a collection on 8 July 2017 between North and South Pier. 5.11 SSAFA and Broughton House This is a military charity. Veterans will be walking from Bury to Blackpool to arrive in time to join the armed forces day parade. Visit Blackpool are agreeable to this collection taking place as long as no collection takes place north of Festival House and no collection buckets are present at the Cenotaph. This is the first application for a collection in the area by this charity. 5.12 **Alzheimer's Society**. A charity to support research into dementia. The application is for a collection on the Tower Headland on 8 October 2017. One previous collection has been granted 5.13 Does the information submitted include any exempt information? No 5.14 **List of Appendices:** Appendix 3(a) Applications detailed in 5.4 Appendix 3(b) Applications detailed in 5.6-5.12 6.0 **Legal considerations:** 6.1 None 7.0 **Human Resources considerations:** 7.1 None 8.0 **Equalities considerations:** 8.1 None 9.0 **Financial considerations:**

9.1

10.0

10.1

None

None

Risk management considerations:

- **11.0** Ethical considerations:
- 11.1 None
- 12.0 Internal/ External Consultation undertaken:
- 12.1 Consultation has been undertaken with the BID team or Visit Blackpool depending on where the collection is due to take place.
- **13.0** Background papers:
- 13.1 None

Blackpool Council

Received 13 FEB 2017

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BARBARA JONES

RNLI



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

1)	Applicant De	<u>etails</u>
	In what capac	sity are you applying for a licence?
		Please tick:
a)	An individual	Complete Section A
b)	A person other th	an an individual
	I. As a	charity Complete Section B
	II. As a	limited company Complete Section B
	III. Other	
	A) Individual Name, Add	Applicant - dress and details of applicant for the licence who will be responsible for the collection
	Title:	Mr Mrs Miss Ms Forename (s)
	S	
	Surname	Date of Birth
	Home address	
		Post Code
	Telephone	Mobile Fost Code
	Number	Number
	Email Address	
	B) Non-Individ	dual Applicant – Business, Society or Charity responsible for the proposed Collection
	<u>Name</u>	ROYAL NATIONAL LIFEBOAT INSTITUTION
	Registered	
	address	WEST QUAY ROAD
		POOLE
		DORSET Post Code BH151HZ
	☎ Telephone	(C) ->-(/2.000
	Number Email Address	01202 063033 Number
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2)	Correspondence	ce Name and Address
	Name	BARBARA JONES
		BIES AICH JUNES
	Address	
		SUICE TYP
	Telephone	Post Code + 73
	Number	Mobile Number
	Email Address	,

LS/D/520/2/10

3)	Name of charit	y or fund for which the Coll	ection / Sale is be	eing made	
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		DORSET		Post Code	H 1 5 1 H Z
	Charity Registrati (if applicable)	on Number 2096	03		
4)	The Street Coll	ection will be for the collect	tion of:		
	Money	Property	Tick as appropriate		
	If property is co	ollected, is this to give away	່ ∕ use or sell on be	half of charity pleas	se state:
5)	For example wi	f collection is to take place?	line of coins, or e	ntertainment / speci	fic event? Please provide
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	SCHICE	The Co	ED D	JCKE 13	
6)	How many pers	sons is it proposed to auth cation is addressed?	orise to act as c	ollectors in the area	a of the local authority to
	6				
7)	Use to which pr	oceeds of this collection are	e to be put.		
	FUNDIA	SG OF LIF	EBOAT	S	
3)	Objects of the C	harity or Fund.			
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9)	NB Please note	d Collection or Sale, and be that we must be in receipt posed collection			prior to the
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		2017		TO: 5 a	22

8)

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	BETWE	EN	CENTRAL	+ NORT	FI PIERS	
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?) If	no, please sta stimate of the s	te what ded um which w	ductions will be made ill be deducted. This c	(for expenses or an be shown as a	any other purpose) a percentage.	nd provide a
To	otal amount of r	eceipts	Amount to be deduc	eted	Reason for deduction	
i) Ha	as a permit for a	a Collection	or Sale for a similar ol	oject ever been ref	used?	
	YES NO					
l) If 1	Yes, please stat	Tick as approp	riate Licensing Authority, d	ate refused and re	ason given.	
process	Yes, please stat					
pro-			Licensing Authority, d		ason given. REASON	
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2 0 FEB 2017

Blackpool

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BARBARA JONES FOR RNLI



Received

2 0 FEB 2017

TO THE LICENSING PANEL

Royal National Lifeboat Institution

Patron: Her Majesty The Queen President: HRH The Duke of Kent KG Chief Executive: Paul Boissier

RNLI (Trading) Ltd 01073377, RNLI (Sales) Ltd 2202240 and RNLI (Enterprises) Ltd 1784500 are all companies registered at West Quay Road, Poole, Dorset, BH15 1HZ

IF THE DATE REDUESTED CANNOT BE

GRANTED IT WOULD BE DIFFICULT TO RE-ARRANGE

THE EVENT AS IT IS A PARE OCCUPANCE TO

HAVE ALL OUR VOLUNTEER CREW MEMBERS

TOGETHER AT ANY ONE TIME.

AS WE ARE A LOCAL CHARITY WE WOULD

ASK FOR YOUR SYMPATHETIC CONSIDERATION

OF OUR REDUEST.

1)	Applicant De	tails								
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	II. Asal	imited company		Compl	ete Se	ction B				
	III. Other			Comple	ete Sec	ction B				
		Applicant - lress and details of applicant for the li	cence	who will be re	espo	nsib	le for	the o	:ollec	tion
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		ual Applicant – Business, Society or								
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	Registered address	WEST QUAY ROX	JD							
		POOLE								
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2	★ Telephone Number	€ Mo	bile nber				.		1.,	
	Email Address							12		
										£
2)	Correspondenc	e Name and Address			N.					
	Name	BARBARA JONES								
	Address					1100 H = 200				
				Post Code	F	4	>			—
	Telephone Number	☎ Mot Num	oile		1	(3			
	Email Address				20000					

LS/D/520/2/10

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				Tick as appropriate	Э		
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	6						
7)	Use to which p	roceeds	of this collection a	re to be put.			
	FUNDIN	NG	OF LOCA	AL LIFE	EBOAT	T	
)	Objects of the	Charity o	r Fund.				
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					TO:	5pm	

8)

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	Total	amount of r	receipts	Amount to be dedu	ıcted	Reason for	deduction.	
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Blackpool Council

Received
0 6 MAR 2017

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

THE SALVATION ARMY

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



1)	Applicant De	tails													
	In what capac	ity are	you a	pplying	for a li										
						Р	leas	e tick:							
a)	An individual							Comple	ete Se	ction A	1				
b)	A person other tha	an an i	ndivid	lual											
	l. As a	charity	,				1	Comple	ete Sec	ction E	3				
	II. As a l	imited	comp	any				Comple	ete Sec	ction B					
	III. Other							Comple	te Sec	ction B					
	A) L. P. L. L.														
	A) Individual Name, Add			tails of	applica	nt for the licen	e w	ho will be re	spo	nsib	le fo	r the	e col	lecti	on
	Title:	Mr	Mrs	Miss	Ms	Forename (s)									
	<u>Surname</u>						<u> </u>	ate of Birth							
	Home address								L	-10					
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	Email Address	tiña	i.m	erea	lith	@salvat.	one	atny-or	9.	sk					
								3	U						
2)	Correspondence	e Nam	ne and	Addres	ss 		_								
	<u>Name</u>	Μ.	(S	ina	<u>M</u>	eredith									
	Address	7	e '	Sal	vat	ion Arm	4								
		R	aik	es	Pa	rade	7	Black	< P	00					
								60 0000 0000	F	Y)		4	E	_
	Telephone Number	012	53	62	6114	Mobile Number	_								
	Email Address	1140				n@salvat	ion	army.	00	1.0	k				
										1					

Page 18

Name of Charity	THE SALVATION ARMY
	RAINES PARADE
Address	BLACKPOOL
	Post Code F 7 1 4 5 C
Charity Registrati (if applicable)	on Number 214 779
The Street Coll	ection will be for the collection of:
Money	Property
ı	Tick as appropriate
If property is co	ollected, is this to give away use or sell on behalf of charity please state:
What method o	f collection is to take place?
For example wi	
a description of	Il it be a bucket collection, line of coins, or entertainment / specific event? Please pr f the type of collection that is proposed to take place.
a description of	Il it be a bucket collection, line of coins, or entertainment / specific event? Please professe the type of collection that is proposed to take place.
a description of	f the type of collection that is proposed to take place.
a description of	THE type of collection that is proposed to take place. TON ARRY BAND WITH COLLECTOR'S sons is it proposed to authorise to act as collectors in the area of the local author
a description of SALVA	THE type of collection that is proposed to take place. TON ARRY BAND WITH COLLECTOR'S sons is it proposed to authorise to act as collectors in the area of the local author
How many perswhich the appli	The type of collection that is proposed to take place. TION ARRY BAND WITH COLLECTORS sons is it proposed to authorise to act as collectors in the area of the local authorise to addressed?
How many perswhich the appli	sons is it proposed to authorise to act as collectors in the area of the local authorise addressed?
How many perswhich the appli	sons is it proposed to authorise to act as collectors in the area of the local authorise addressed? Society Sand with Collectors of the local authorise and sopport with the homeless / in the Community
How many perswhich the appli	sons is it proposed to authorise to act as collectors in the area of the local authorise addressed? Society Sand with Collectors of the local authorise and sopport with the homeless / in the Community
How many perswhich the appli	the type of collection that is proposed to take place. TION ARRY BAND WITH COLLECTORS sons is it proposed to authorise to act as collectors in the area of the local authorise to addressed? Socceeds of this collection are to be put. and support with the homeless / in the Community.

8)

10)								
	10wn C	entre	-					
11)	YES NO	ne receipts t		er for the b	enefit of the C	Charity or fund?		
12)) If no, please state estimate of the sur	what dedu m which will	ictions will I be deducte	be made (fe ed. This car	or expenses of be shown as	or any other purpose) and provide an a percentage.		
	Total amount of re	ceipts	Amount to	be deducte	d	Reason for deduction.		
13)) Has a permit for a	Collection of	or Sale for a	similar obje	ect ever been	refused?		
		Tick as appropri						
14)	· · · · · · · · · · · · · · · · · · ·	e by which L		ıthority, dat	e refused and	REASON		
	AUTHORITY		DATE			REASON		
15)) Signature of Appli	cant						
	nderstand that I am requi		ct the followir	ng departme	nt(s) regarding	my application:		
1)	Promenade If you are planning	to hold a stre er (01253) 4 insurance co	eet collection 78231 to che over. Please	on the Promeck the dates note, VisitB	enade you will	must immediately contact VisitBlackpool available and also to check whether you as and conditions will need to be signed		
2)	Town Centre		est collection					
	If you are planning from the Town Cen	to hold a stre tre Admin Ma	anager on (0	within the To 1253) 47620	own Centre, pe 4.	ermission should immediately be sought		
	If you are planning from the Town Centre Usual Signature	tre Admin Ma	anager on (0	1253) 47620 	4. 			
	from the Town Cen	tre Admin Ma	anager on (0	1253) 47620 	4. 			
	from the Town Centure Usual Signature	tre Admin Ma	anager on (0	1253) 47620 	4. 	ermission should immediately be sought		



Blackpool

Application to licence a street collection Police, Factories etc. (Miscellaneous Provisions) Act 1916 For help contact licensing@blackpool.gov.uk

Telephone: 01253 478397

* required information

Section 1 of 10		
You can save the form at any t	ime and resume it later. You do not need to b	e logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	Fun Run 2017	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 be	half of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
(ies (i	10	WOLK TOL.
Applicant Details		
* First name	Kayleigh	
* Family name	Russell	
* E-mail	kayleigh.russell@trinityhospice.co.uk	
Main telephone number	01253 359355	Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
 Applying as an individual 	al	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	
* Registration number	1537498	
* Business name	Trinity Hospice & Palliative Care Services	If your business is registered, use its registered name.
* VAT number -	604 4067 70	Put "none" if you are not registered for VAT.
* Legal status	Charity or Association	

Continued from previous page		
* Your position in the business	Event Fundraiser	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
* Building number or name	Trinity Hospice	
* Street	Low Moor Road	
District	Bispham	
* City or town	Blackpool	
County or administrative area		
Postcode	FY20BG	
* Country	United Kingdom	
Section 2 of 10		
FURTHER DETAILS ABOUT TH	E APPLICANT	
Please note: the applicant mus	t 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 s	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details from section one, or amend them as
Yes	○ No	required. Select "No" to enter a completely new set of details.
* Building number or name	Trinity Hospice	
* Street	Low Moor Road	
District	Bispham	
* City or town	Blackpool	
County or administrative area		
* Postcode	FY20BG	
* Country	United Kingdom	
Further Details		
* Date of birth	dd mm yyyy	
* Place of birth		
Section 3 of 10		
ORGANISATION WHICH IS RES	SPONSIBLE FOR THE COLLEGO COLL	

Continued from previous page	
Brian House Children's Hosp	of the organisation and its objectives ice meets complex needs, providing support for the family and care for children who will not be pite care, which we provide at regular intervals, gives families the opportunity to experience
* Are the proceeds of the co	llection to benefit this organisation?
Yes	○ No
* Is this organisation a regist	ered charity?
Yes	○ No
* Registration number	511009
* What are the proceeds of t	he collection to be used for?
To provide patient care	
Section 4 of 10	
CHARITY, FUND OR ORGAN	IISATION TO BENEFIT FROM THE COLLECTION
* Is another organisation goi	ing to benefit from your collection?
○ Yes	No
Section 5 of 10	
TYPES OF COLLECTION	
* What type(s) of collection v	will you be performing?
A street collection	
○ A house-to-house coll	ection
 Both street and house 	-to-house collections
Street Collection	
	tes and conditions before completing this section. Some of the questions may not be relevant to responses may have to provide very specific information.
Where	
* In what parts of this author	rity's area do you intend to carry out the collection?
Along the promenade during	g the Fun Run
When	
* Preferred dates for the collection	07/05/17
Alternative dates	
	D 00

They will be a Brian House	e Childrer	n's Hospice volunteer wearing a badgewith their name.	
What			
Check for local guidance r licences are required.	notes wh	ich may clarify what is allowable in your area and whether additional permissions or	
* Do you plan to hold the	collectio	on in conjunction with a carnival, procession or other event?	
Yes	\circ	No	
* Provide details			
As part of our 10K Fun Rur	n event		
* Do you intend to offer a	nything f	for sale during the collection?	
		No	
○ Yes	\odot	No	
C Yes Section 6 of 10	•	INO	
		NO CONTRACTOR OF THE PROPERTY	
Section 6 of 10 EXPENSES AND PAYMEN	T	collection be donated to a charity or used for charitable purposes?	
Section 6 of 10 EXPENSES AND PAYMEN	T		
Section 6 of 10 EXPENSES AND PAYMEN * Will 100% of the proceed	ds of the	collection be donated to a charity or used for charitable purposes?	
Section 6 of 10 EXPENSES AND PAYMEN * Will 100% of the proceed • Yes Statement Of Return	ds of the O ypes of re	collection be donated to a charity or used for charitable purposes?	
Section 6 of 10 EXPENSES AND PAYMEN * Will 100% of the proceed • Yes Statement Of Return * Which of the following to	ds of the ypes of re?	collection be donated to a charity or used for charitable purposes? No	
* Will 100% of the proceed Yes Statement Of Return * Which of the following to proceeds and deductions?	ds of the ypes of re?	collection be donated to a charity or used for charitable purposes? No	
* Will 100% of the proceed * Yes Statement Of Return * Which of the following to proceeds and deductions: Street collection on	ds of the ypes of re ?	collection be donated to a charity or used for charitable purposes? No	
* Will 100% of the proceed * Yes Statement Of Return * Which of the following to proceeds and deductions: Street collection on Section 7 of 10 PREVIOUS APPLICATION	ds of the ypes of re? ly s named i	collection be donated to a charity or used for charitable purposes? No	
* Will 100% of the proceed * Yes Statement Of Return * Which of the following t proceeds and deductions: Street collection on Section 7 of 10 PREVIOUS APPLICATION * Have you, or any person	ds of the ypes of re? ly s named i	collection be donated to a charity or used for charitable purposes? No return will you submit, giving details of	
* Will 100% of the proceed * Yes Statement Of Return * Which of the following t proceeds and deductions: Street collection on Section 7 of 10 PREVIOUS APPLICATION * Have you, or any person registration? (check all that	ds of the ypes of re ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	collection be donated to a charity or used for charitable purposes? No return will you submit, giving details of in or associated with this application, previously applied for a similar licence or	
* Will 100% of the proceed * Yes Statement Of Return * Which of the following to proceeds and deductions: Street collection on Section 7 of 10 PREVIOUS APPLICATION * Have you, or any person registration? (check all that is not proceed and the section of the collection on the section of the collection of the collection on the section of the collection of the collec	ds of the ypes of re ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	collection be donated to a charity or used for charitable purposes? No eturn will you submit, giving details of in or associated with this application, previously applied for a similar licence or Yes - application granted and revoked	
Section 6 of 10 EXPENSES AND PAYMEN * Will 100% of the proceed • Yes Statement Of Return * Which of the following t proceeds and deductions? □ Street collection on Section 7 of 10 PREVIOUS APPLICATION * Have you, or any person registration? (check all that □ No □ Yes - application grant	ds of the ypes of re ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !	collection be donated to a charity or used for charitable purposes? No eturn will you submit, giving details of in or associated with this application, previously applied for a similar licence or Yes - application granted and revoked	

Continued from previous page	
* Have you, or any person nan	ned in or associated with this application, been convicted of any crime or offence?
○ Yes	No
	e no
Section 9 of 10	
ADDITIONAL DETAILS	
	ation which is required or relevant to your application (check for local guidance notes and education details of specific requirements in your area)
Section 10 of 10	
DECLARATION	
 house collection regulations for me to submit a certified f I understand that the inform This data may be made avail to other departments within legislation, for identification 	ence be granted to me the collection must take place in strict compliance with the house-to-s and/or the street collection regulations as appropriate. I am aware that it is also necessary form of statement within 28 days of the collection taking place. ation I have provided, will be held by the Council on both computerised and manual files. able on a public register if so required by relevant legislation. The data may also be disclosed the Council and other organisations, but only in order to ensure compliance with relevant purposes or to prevent or detect fraud or a crime. tes you have read and understood the above declaration
This section should be complete behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Kayleigh Russell
* Capacity	Event Fundraiser
* Date	06 / 02 / 2017
	dd mm yyyy
	Add another signatory
continue with your application	outer by clicking file/save as v.uk/apply-for-a-licence/street-collection-licence/blackpool/apply-1 to upload this file and

OFFICE USE ONLY	FFICE USE ONLY							
Applicant reference number	Fun Run 2017							
Fee paid								
Payment provider reference								
ELMS Payment Reference								
Payment status								
Payment authorisation code								
Payment authorisation date								
Date and time submitted								
Approval deadline								
Error message								
Is Digitally signed								
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	<u>5 6 7 8 9 10</u> Next >							

0 6 MAR 201/

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

SAMANTUA QUILTY



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



1)	Applica	nt Det	<u>ails</u>															
	In what o	capacit	y are y	you a	pplying	for a li	cen											
								r	rlea	se tic		lete Sec	tion A					
a)	An individua	ıl									Comp	iete Sec	tion A	•				
b)	A person oth	ner tha	n an ir	ndivid	lual				_	_/								
	I.	As a c	harity						L	1	Comp	lete Sec	tion B					
	II.	As a li	mited	comp	any						Comp	lete Sec	tion B					
	III.	Other									Comp	lete Sec	tion B					
	A) Imalia	ا امدادا	mmline	- m4						_								
	A) Indiv Name	idual A e, Addı	ress ai	nd de	tails of	applica	ant f	or the licer	ice '	who v	will be r	espo	nsib	le fo	r the	col	ecti	on
	Title:		Mr	Mrs	Miss	Ms	Fo	orename (s)		-							
	Surname						I		\neg	Date	of Birtl	h [-			
	<u>ourname</u>										01 2.1.1.	[
	Home addre	ess			\$160.5°													
														1				
										Post	Code							
	Telephor Number	ne						Mobile Number										
	Email Addre	ess											des See					
	D) Non-	اماد دالمدا		ممالمم	D.	ıalmaaa	C -	sistu ar Ch	o rié.		onoible	· for f	ho n	ron	2004	Cal	looti	on
		inaivia 						ciety or Cha				e for t	ne p	ropo	Jsed	COI	ecu	011
	<u>Name</u>	ļ	10	101	2E 5	ENS	<u>e</u>	FOUNE	PIC PIC	TIOI	2							
	Registered address		Tol	S	MA	, DF												
						PLA	CE											
					BURY	PCI	CC			Post	Code	R	G	1	U	5	A	A
	≅ Telephor	ne				0.00		Mobile 1			NIA							
	Number Email Addre	ess			1850			Numbe						- 0				
	Lilian 7 taur		201	7001	27 0	2107	OR	ESENS	36	101	3006	7710	2117.	015	q	- 100		
2)	Correspo	ondenc	e Nam	ne and	d Addre	ess												
	Name																	
	0 <u>1000 1000 1000 1000 1000 1000 1000 1</u>	l I											a.v. 1					
	<u>Address</u>																	
																		,
										Post	Code							
	Telephor	ne						Mobile Number										
	Email Addre	ess						Rambe								*********		

Page 28

Name of charit	•		
Name of Charity	FUTURESENSE	MOITAGINGT	2
	DAY NOOT		
Address	MARKET PLAC	E	
	NEWBURY		ost Code RG145AA
Charity Registrati (if applicable)	ion Number 113210	\	
The Street Coll	lection will be for the collec	ction of:	
Money	Property		
		Tick as appropriate	
If property is co	ollected, is this to give awa	ay use or sell on beha	alf of charity please state:
What method o	of collection is to take place	e?	
	ill it be a bucket collection f the type of collection that		ertainment / specific event? Please proplace.
		- Is proposed to take	
BUCKET	COLLECCTION		
How many per	sons is it proposed to au	thorise to act as col	lectors in the area of the local author
	sons is it proposed to audication is addressed?	thorise to act as col	lectors in the area of the local author
	ication is addressed?	thorise to act as col	lectors in the area of the local author
which the appli	ication is addressed?	thorise to act as col	lectors in the area of the local author
which the appli	ication is addressed?		lectors in the area of the local author
which the appli	roceeds of this collection a	are to be put.	lectors in the area of the local author
which the appli	ication is addressed?	are to be put.	lectors in the area of the local author
which the appli	roceeds of this collection a	are to be put.	lectors in the area of the local author
which the appli	roceeds of this collection a	are to be put.	lectors in the area of the local author
Use to which position of the Copport	roceeds of this collection at the Charity or Fund.	are to be put.	
which the appli	ication is addressed?	thorise to act as col	lectors in the area of the local a
which the appli	roceeds of this collection a	are to be put.	lectors in the area of the local author
Which the appli	roceeds of this collection at the Charity or Fund.	are to be put.	
Use to which positions of the Control of the Contro	roceeds of this collection at the Charity or Fund.	are to be put.	
Use to which position of the Copport	roceeds of this collection at the Charity or Fund.	are to be put.	
Which the appli	roceeds of this collection at the collection of the collection at	are to be put.	WHES AROUND
Use to which positive of the Control of Proposition of Proposition of the Control of Proposition	roceeds of this collection at the project Charity or Fund.	are to be put. TS TED Community between what hours:	WHES AROUND
Use to which proposed to the Control of Proposed NB Please no	roceeds of this collection a Charity or Fund. Charity or Fund. Charity or Sale, and the that we must be in recei	are to be put. TS TED Community between what hours:	WHES AROUND
Use to which put SUPPORT Objects of the O SUPPORT THE O Date of Propose date of pro	roceeds of this collection and collection or Sale, and the that we must be in receiposed collection.	are to be put. TS TED Community between what hours:	n at least 28 days prior to the
Use to which proposed to the Control of Proposed	roceeds of this collection and collection or Sale, and the that we must be in receiposed collection.	are to be put. TED Commun between what hours: pt of your application	n at least 28 days prior to the
Use to which proposed to the Control of Proposed	roceeds of this collection and collection or Sale, and the that we must be in receiposed collection.	between what hours: pt of your application	n at least 28 days prior to the

10) Locality within wh	iich it is pro	posed to make the Collection or Sale.	
		TIM C	ENTRE	
11	Are the whole of t	he receipts Tick as appropi	to be paid over for the benefit of the Ch	parity or fund?
12	estimate of the su	m which wi	uctions will be made (for expenses or Il be deducted. This can be shown as a	percentage.
	Total amount of re	ceipts	Amount to be deducted	Reason for deduction.
13	B) Has a permit for a	Collection	or Sale for a similar object ever been re	fused?
14		Tick as appropr	iate Licensing Authority, date refused and r	eason given.
	AUTHORITY		DATE	REASON
15	Signature of Appli	cant		
Ιu	understand that I am requi	red to conta	- 4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	P C
			ct the following department(s) regarding m	y application:
1)	If you are planning on telephone numb will need to provide	er (01253) 4 insurance c	eet collection on the Promenade you will m 78231 to check the dates requested are a over. Please note, VisitBlackpool's terms ay also be required.	nust immediately contact VisitBlackpool vailable and also to check whether you
2)	If you are planning on telephone numb will need to provide and a tramway active. Town Centre If you are planning	er (01253) 4 insurance continuity permit meter to hold a street	eet collection on the Promenade you will m 78231 to check the dates requested are a over. Please note, VisitBlackpool's terms	nust immediately contact VisitBlackpool vailable and also to check whether you and conditions will need to be signed
	If you are planning on telephone numb will need to provide and a tramway active. Town Centre If you are planning	er (01253) 4 insurance c vity permit m to hold a stre tre Admin Ma	eet collection on the Promenade you will m 78231 to check the dates requested are a over. Please note, VisitBlackpool's terms ay also be required. eet collection within the Town Centre, pern anager on (01253) 476204.	nust immediately contact VisitBlackpool vailable and also to check whether you and conditions will need to be signed
	If you are planning on telephone numb will need to provide and a tramway active Town Centre If you are planning from the Town Cen	er (01253) 4 insurance c vity permit m to hold a stre tre Admin M	eet collection on the Promenade you will m 78231 to check the dates requested are a over. Please note, VisitBlackpool's terms ay also be required. eet collection within the Town Centre, pern anager on (01253) 476204.	nust immediately contact VisitBlackpool vailable and also to check whether you and conditions will need to be signed
	If you are planning on telephone numb will need to provide and a tramway active Town Centre If you are planning from the Town Centre Usual Signature	er (01253) 4 insurance c vity permit m to hold a stre tre Admin M	eet collection on the Promenade you will m 78231 to check the dates requested are a over. Please note, VisitBlackpool's terms ay also be required.	nust immediately contact VisitBlackpool vailable and also to check whether you and conditions will need to be signed

Blackpool Council



APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name: JIM ALLAN - HELP FOR HEROES

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

1)	Applicant Det	<u>ails</u>				
	In what capacit	ty are you applying for a licen				
			Plea	se tick:		
a)	An individual			Complete Se	ction A	
b)	A person other tha	n an individual				
	I. As a c	harity	~	Complete Se	ction B	
	II. Asali	mited company		Complete Se	ction B	
	III. Other			Complete Se	ction B	
	A) Individual A Name, Add	Applicant - ress and details of applicant	for the licence	who will be respo	onsible for the coll	ection
	Title:	Mr Mrs Miss Ms F	orename (s)	JAMES	>	
	Surname	ALLAN		Date of Birth		
	Home address			- -		
		BLACKPOO	<u>L</u>			
				Post Code F	y 3 - C	
	Telephone Number		Mobile Number			
	Email Address					
	B) Non-Individ	lual Applicant – Business, So	ociety or Charit	y responsible for	the proposed Coll	lection
	<u>Name</u>					
	Registered address					
	National Control of the Control of t					
				Post Code		
	Telephone Number		Mobile Number			
	Email Address					
2)		ce Name and Address	,			
	<u>Name</u>	Jim ALL	AN			
	Address					
		BLACKPO	OL			
				Post Code	Y3 _	
	Telephone Number		Mobile Number	4		_
	Email Address					1

3)	Name of charit	y 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 & P 5 3 R B							
	Charity Registrati (if applicable)	on Number 11 2 09 2 0							
4)	Money	Tick as appropriate							
	If property is c	ollected, is this to give away use or sell on behalf of charity please state:							
5)	For example w	of collection is to take place? ill it be a bucket collection, line of coins, or entertainment / specific event? Please provide f the type of collection that is proposed to take place.							
	BUCKEL COLLECTION VIA HAH GEZEBO								
6)		sons is it proposed to authorise to act as collectors in the area of the local authority to ication is addressed?							
	4								
7)	Use to which p	roceeds of this collection are to be put.							
	TO SI FOR	APPORT MEMBERS FOR ARMED							
8)		Charity or Fund.							
	TO SC OF TI	LPPORT WOUNDED MEMBERS HE ARMED FORCES							
9)	Date of Propos	sed Collection or Sale, and between what hours:							
		ote that we must be in receipt of your application at least 28 days prior to the coposed collection							
	DATE	07/04/2017 BETWEEN WHAT HOURS FROM: 0900 TO: 1800							

10) Locality within w	hich it is pro	posed to m	ake the Collection	or Sale.		
	ST 3	JOHN	S	SQUATE	zE		
11)) Are the whole of			over for the benefit	of the Cha	arity or fund?	
	V	Tick as appropr	riate				
12				l be made (for expeted. This can be sh		any other purpose) and provide percentage.	e ai
	Total amount of I	eceipts	Amount t	o be deducted		Reason for deduction.	
13) Has a normit for	a Collection	or Sale for	a similar object eve	r heen ref	fused?	
10	YES NO	a conconon v		a cilillar object ove			
		Tick as appropr	riate				
14) If Yes, please sta	te by which	Licensing A	Authority, date refus	sed and re	eason given.	
	AUTHORITY		DATE			REASON	
		A CONTRACTOR OF THE CONTRACTOR					
15) Signature of App	licant					
Ιu	nderstand that I am req	uired to conta	ct the follow	ing department(s) re	garding m	y application:	
1)	on telephone num	ber (01253) 4 le insurance c	78231 to choose. Pleas	eck the dates reques e note, VisitBlackpoo	sted are av	nust immediately contact VisitBlack vailable and also to check whether and conditions will need to be signe	you
2)	Town Centre If you are planning from the Town Ce				entre, perm	nission should immediately be soug	jht
	Usual Signature	an	Doll.	allen	•		
	Printed Name	JI	MF	ALLAN			
	Capacity	BLACK	POOL	CITY (Cou	NTY)	COORDINATOR	
	Date	02	01	2017			



APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name: JIM ALLAN-HELP FOR HEROES

Built Environment



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

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

1)	Applicant Deta	<u>ails</u>
	In what capacit	y are you applying for a licence? Please tick:
-1	An individual	Complete Section A
a)	An individual	
b)	A person other than	
	I. As a cl	
		mited company Complete Section B
	III. Other	Complete Section B
	A) Individual A	Applicant -
		ress 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	
		Post Code
	Telephone Number	Mobile Number
	Email Address	
	D) Non-Individ	lual Applicant – Business, Society or Charity responsible for the proposed Collection
	B) Non-Individ	T - 0110-1
		JIM FILLEN
	Registered address	
		BLACK POOL
		Post Code FY3
	Telephone Number	Mobile Number
	Email Address	
2)		ce Name and Address
	<u>Name</u>	JIM ALLAN
	Address	
		BLACK POOL
		Post Code FY3
	Telephone Number	Mobile Number
	Email Address	,

LS/D/520/2/10

3)	Name of charity or fund for which the Collection / Sale is being made.
	Name of Charity HELP FOR HEROS
	Address 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
	Tick as appropriate
	If property is collected, is this to give away use or sell on behalf of charity please state:
	NA
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 WITH GAZEBO
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?
	4
7)	Use to which proceeds of this collection are to be put.
	TO SUPPORT MEMBERS OF ARMED
	FORCES
8)	Objects of the Charity or Fund.
	TO SUPPORT WOUNDED MEMBERS
	TO SUPPORT WOUNDED MEMBERS OF THE ARMED FORCES
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 12/05/2017 BETWEEN WHAT HOURS FROM: 09 00
	13/05/2017

10) Locality within wh	ich it is proposed t	to make the Collection	n or Sale.	
	ST :	JOHNS	Soup	RE	
11) Are the whole of the YES NO	he receipts to be pa	aid over for the benefi	fit of the Charity or fund?	
		Tick as appropriate			
12				xpenses or any other purpose) and provide a shown as a percentage.	aı
	Total amount of re	ceipts Amou	ınt to be deducted	Reason for deduction.	
13) Has a permit for a	Collection or Sale	for a similar object ev	ver been refused?	
	YES NO	Tick as appropriate			
14				fused and reason given.	
	AUTHORITY	DATE		REASON	
4 6					
15 Lu			ollowing department(s) r	regarding my application:	
1)	on telephone numb will need to provide	per (01253) 478231 t	to check the dates reque Please note, VisitBlackp	de you will must immediately contact VisitBlackpoo uested are available and also to check whether yo bool's terms and conditions will need to be signed	u
2)		to hold a street colle		Centre, permission should immediately be sought	
	11101	/	on (01253) 476204.		
	Usual Signature	Japsy	1 allon		
	Printed Name	JIM	ALLAN		
		JIM JIM BLACKPO	ALLAN	CUNTY) (COORDINATOR	



APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name: JIM ALLAN - HELP FOR HEROLS

Built Environment

NAME OF THE PARTY OF THE PARTY

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

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

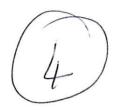
1)	Applicant Det	<u>ails</u>
	In what capacit	y are you applying for a licence? Please tick:
a)	An individual	Complete Section A
۵) b)	A person other tha	n an individual
٠,	I. As a c	
		mited company Complete Section B
	III. Other	Complete Section B
		Complete Section D
	A) Individual A Name, Add	Applicant - ress and details of applicant for the licence who will be responsible for the collection
	Title:	Mr Mrs Miss Ms Forename (s)
	<u>Surname</u>	Date of Birth
	Home address	
		Post Code
	Telephone Number	≅ Mobile Number
	Email Address	
	B) Non-Individ	lual Applicant – Business, Society or Charity responsible for the proposed Collection
	Name	JIM ALLAN
	Registered	
	address	BLACKPOOL
		Post Code Fy3
	Telephone Number	№ Mobile Number
	Email Address	
	,	
2)		ce Name and Address
	<u>Name</u>	JIM ALLAN
	Address	
		BLACKPOOL
		Post Code F 73
	Telephone Number	Mobile Number
	Email Address	

LS/D/520/2/10

3)	Name of charit	y or fund for which the Col	llection / Sale is being mad	le.	
	Name of Charity	MELP FOR	UEROES		
			MEROES CLOSE, DOZ		
	Address	BUSINESS	CONTRE E	NO STATE OF THE PARTY OF THE PA	,
	Charity Registrati (if applicable)	on Number	0920		
4)	The Street Coll	ection will be for the collec	ction of:		
	Money	Property	Tick as appropriate		
	If property is co	ollected, is this to give awa	`	charity please state:	
		\sim	19		
5)	What method o	of collection is to take place	e?		
		ill it be a bucket collection f the type of collection tha		ment / specific event? Please pro e.	ovide
	Bucké	T COLLECTION	WITH GAZEB	0	
6)		sons is it proposed to au ication is addressed?	thorise to act as collecto	rs in the area of the local author	ity to
			4		
7)	Use to which p	roceeds of this collection	are to be put.		
	TO S	WPORT MEM	SERS OF ARM	nès forces	
8)	Objects of the	Charity or Fund.			
	TO S THE	ARMED FORCE	und members	SERS OF	
0)	Data of Branco	and Callection or Sale, and	hotwoon what hours		
9)	NB Please no	ed Collection or Sale, and ote that we must be in rece oposed collection		east 28 days prior to the	
	DATE	14/07/2017	BETWEEN WHAT HOURS	FROM: 6900	
		15/07/2017		TO: 1800	

	57	501	INS SQUARE	-	
11) Are the whole of th	he receipts to	o be paid over for the benefit	of the Charity or fund?	
	YES NO	Tick as appropria	ate		
12			ctions will be made (for exp be deducted. This can be sh	enses or any other purpose) and own as a percentage.	provide an
	Total amount of re	ceipts	Amount to be deducted	Reason for deduction.	
13	B) Has a permit for a	Collection o	r Sale for a similar object eve	r been refused?	
	YES NO	Tick as appropria	ate		
14		e by which L	icensing Authority, date refus		
	AUTHORITY		DATE	REASON	
15	5) Signature of Appli	cant			
Ιu	ınderstand that I am requi	red to contac	t the following department(s) re	garding my application:	
1)	If you are planning to on telephone number	er (01253) 47 insurance co	8231 to check the dates requesover. Please note, VisitBlackpoo	you will must immediately contact Vi sted are available and also to check v ol's terms and conditions will need to	whether you
2)	If you are planning to		et collection within the Town Ce nager on (01253) 476204.	ntre, permission should immediately	be sought
	Usual Signature	Ma	BALOLO	7	
	Printed Name	JII	n ALLAN	•	
	Capacity	BLACK	POOL CITY GOUNT	(4) COOKDINIATOR	
	Date				

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



APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name: JIM ALLAN - HELP FOR MEROES

Built Environment



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

Contact

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

1)	Applicant Det	tails_
	In what capaci	ty are you applying for a licence?
۵)	An individual	Please tick: Complete Section A
a)	An individual	
b)	A person other tha	charity Complete Section B
	III. Other	
	iii. Other	Complete Section B
	A) Individual A	Applicant - Iress 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	
		Post Code
	Telephone Number	Mobile Number
	Email Address	
	B) Non-Individ	dual Applicant – Business, Society or Charity responsible for the proposed Collection
	Name	DIM ALLAN
	Registered	
	address	
		BLACKPOOL
	C Talauhana	Post Code Mobile
		Number 5
	Email Address	
2)	Corresponden	ce Name and Address
	Name	JIM AUAN
	<u>Address</u>	
		BIRCK POOL
		Post Code
	Telephone Number	Mobile Number
	Number Email Address	i Number
LS	/D/520/2/10	Page 44

3)	Name of charity	y or fund for which the Co	llection / Sale is being mad	le.
	Name of Charity	WELP F	SR HERDES	
	Address	14 PARKERS DOWNTON & DOWNTON	CLOSE BUSINESS CE Post Co	
	Charity Registrati (if applicable)	ion Number	10920	
4)	Money		ction of: Tick as appropriate ay use or sell on behalf of o	charity please state:
5)		n l A		
5)	For example w a description o	of the type of collection tha	n, line of coins, or entertain at is proposed to take place	
	Bu	CVET COLLI	emon wr	M GAZEBO
6)		rsons is it proposed to au lication is addressed?	thorise to act as collector	rs in the area of the local authority to
			4	
7)	Use to which p	proceeds of this collection	are to be put.	
	TO SI		mbers of	ARMED
8)	N 1022	Charity or Fund.		
	TO SU	LARMED F	DED MEM	BORS
9)	NB Please no	sed Collection or Sale, and ote that we must be in rece roposed collection	between what hours:	east 28 days prior to the
	DATE	8/09/2017	BETWEEN WHAT HOURS	FROM: 0900

10	,	Locality within win	icii it is proj	Joseu to make the Collection of Sale.	
		51	50	mns square	
11)	Are the whole of th	ne receipts t	o be paid over for the benefit of the Ch	arity or fund?
		YES NO	Tick as appropr	ate	
12	()			nctions will be made (for expenses or I be deducted. This can be shown as a	
		Total amount of re	ceipts	Amount to be deducted	Reason for deduction.
13)	Has a permit for a	Collection	or Sale for a similar object ever been re	fused?
		YES NO	Tick as appropr	iate	
14	.)	If Yes, please state	e by which L	icensing Authority, date refused and r	eason given.
		AUTHORITY		DATE	REASON
15	5)	Signature of Appli	cant		
Ιu	ınder	stand that I am requi	red to contac	ct the following department(s) regarding m	ny application:
1)		on telephone numb	er (01253) 4 insurance c	eet collection on the Promenade you will n 78231 to check the dates requested are a over. Please note, VisitBlackpool's terms ay also be required.	vailable and also to check whether you
2)		Town Centre If you are planning to from the Town Cent	to hold a stre tre Admin Ma	eet collection within the Town Centre, perranager on (01253) 476204.	nission should immediately be sought
	Us	ual Signature		20 St (1896))
	Pri	nted Name	51	m ALLAN	
	Ca	pacity	BLACI	KPOOL CITY (COUNTY) C	OCRDINATOR
	Dat	te	02	01 2017	



TO WHOM IT MAY CONCERN

Jim Allan is a Help for Heroes volunteer authorised by me to undertake various agreed fund raising activities on behalf of the charity.

Fundraising is undertaken at the fundraiser's own risk. Help for Heroes cannot indemnify the fundraiser in any way for accident or injury to third parties or their property, and any requirement for Public Liability insurance to be arranged is the sole responsibility of the fundraiser.

Signed....

Sarah Ferguson, National Volunteer Manager Help for Heroes

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

KAREN

ROTUWELL



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

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

	Applicant D	etalis
	In what capa	city are you applying for a licence?
		Please tick:
a)	An individual	Complete Section A
b)	A person other t	han an individual
	I. As	Complete Section B
	II. As	a limited company Complete Section B
	III. Oth	Complete Section B
		al Applicant - ddress and details of applicant for the licence who will be responsible for the collection
	Title:	Mr Mrs Miss Ms Forename (s)
	Surname	ROTUWELL Date of Birth
	Home address	
		Post Code F 76
	Telephone Number	Mobile Number
	Email Address	Karen, Eumer 47 Dhotmail, Co.UC
	B) Non-Ind	vidual Applicant – Business, Society or Charity responsible for the proposed Collection
	<u>Name</u>	BRITISH LUNG FOUNDATION.
	Name Registered address	
	Registered	BRITISH LUNG FOUNDATION. 13-75 GOSWELL ROAD LONDON
	Registered	73-75 GOSWELL ROAD
	Registered	13-75 GOSWELL ROAD
	Registered address Telephone	13-75 GOSWELL ROAD LONDON Post Code ECIVER
2)	Registered address Telephone Number Email Address	73-75 GOSWELL ROAD LONDON Post Code E C I V T C R 020-7078-7912 Mobile Number 0207688 SSSS
2)	Registered address Telephone Number Email Address	NONDON Post Code ECIVIER 020-7078-7912 Mobile Number 0207688 SSSS eventsable org. UIC
2)	Registered address Telephone Number Email Address Correspond	NONDON Post Code ECIVIER 020-7078-7912 Mobile Number 0207688 SSSS eventsablifiorg. UIC
2)	Registered address Telephone Number Email Address Correspond	NONDON Post Code ECIVIER 020-7078-7912 Mobile Number 0207688 SSSS eventsablifiorg. UIC
2)	Registered address Telephone Number Email Address Correspond	HONDON LONDON Post Code ECIVIER 020-7078-7912 Mobile Number Eventsable org. VIC ence Name and Address KAREN ROTUWELL.
2)	Registered address Telephone Number Email Address Correspond Name Address	Post Code FTO
2)	Registered address Telephone Number Email Address Correspond	HONDON LONDON Post Code ECIVIER 020-7078-7912 Mobile Number Eventsable org. VIC ence Name and Address KAREN ROTUWELL.
2)	Registered address Telephone Number Email Address Correspond Name Address	Post Code ECIVER O20-7078-7912 Mobile Number O207688 SSSS EVENTED BLF. OF G. VIC Post Code F16 Post Code F16 Post Code F16

3) Name of charity or fund for which the Collection / Sale is being made. BRITISH LUNG FOUNDATION Name of Charity 3-75 GOSWELL ROAD Address ONDON **Post Code Charity Registration Number** 326730 (if applicable) The Street Collection will be for the collection of: 4) Money **Property** 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 COLECTION How many persons is it proposed to authorise to act as collectors in the area of the local authority to 6) which the application is addressed? 7) Use to which proceeds of this collection are to be put. TO SUPPORT TENS OF THOUSANDS OF PEOPLE TUROUGYOUT THE UK WITH LUNG DISGASE Objects of the Charity or Fund. TO SUPPORT SUFFERS + FAMILIES FUND RESEARCH INTO NEW TREATMONTS 9) Date of Proposed Collection or Sale, and between what hours: Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection **BETWEEN WHAT** 13/6/4/17 DATE FROM: 10.00 **HOURS** TO: 5-00 Page 50

Locality within which it is proposed to make the Collection or Sale.						
PROMENA	DE- NORTU, S	OUTY + CENTRAC				
Are the whole of the re	ceipts to be paid over for the benefit	of the Charity or fund?				
YES NO Tick as	s appropriate					
If no, please state what deductions will be made (for expenses or any other purpose) and pro- estimate of the sum which will be deducted. This can be shown as a percentage.						
Total amount of receipt	ts Amount to be deducted	Reason for deduction.				
Tick as appropriate If Yes, please state by which Licensing Authority, date refused and reason given.						
		sed and reason given.				
If Yes, please state by	which Licensing Authority, date refu	sed and reason given.				
If Yes, please state by	which Licensing Authority, date refu					
If Yes, please state by AUTHORITY Signature of Applicant	which Licensing Authority, date refu	REASON				
If Yes, please state by AUTHORITY Signature of Applicant estand that I am required to Promenade If you are planning to he on telephone number (0 will need to provide insu	which Licensing Authority, date refu	egarding my application: e you will must immediately contact Vested are available and also to check				

Usual Signature	Ceu	ROI	ower	2	4	
Printed Name	KAR	ZEN	ROTU	Wecc		
Capacity	VOL	UNTEE	R CC	LECTOR	2.	
Date	11	02	Page 5	_		



Blackpool

Application to licence a street collection Police, Factories etc. (Miscellaneous Provisions) Act 1916 For help contact licensing@blackpool.gov.uk

Telephone: 01253 478397

* required information

Section 1 of 10		
You can save the form at any	time and resume it later. You do not need to b	be logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	Make-A Wish Blackpool	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 be	ehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or
○ Yes •	No	work for.
Applicant Details		
* First name	Lucy	
* Family name	Leeming	
* E-mail	lucy.leeming@makeawish.org.uk	
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wo	uld prefer not to be contacted by telephone	
Are you:		
Applying as a business	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
 Applying as an individu 	ual	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?		
* Is your business registered outside the UK?		
* Business name		If your business is registered, use its registered name.
* VAT number		Put "none" if you are not registered for VAT.
* Legal status	Please select	

Page 52

Continued from previous page		
* Your position in the business	Regional Fundraising Manager	
Home country	United Kingdom	The country where the headquarters of your business is located.
Business Address		If you have one, this should be your official
* Building number or name	Make-A Wish Foundation UK (HEAD OFFICE)	address - that is an address required of you by law for receiving communications.
* Street	329-331 London Road	
District		
* City or town	Camberley	
County or administrative area	Surrey	
Postcode	GU15 3HQ	
* Country	United Kingdom	
Section 2 of 10		
FURTHER DETAILS ABOUT TH	E APPLICANT	
Please note: the applicant mus	t 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 s	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details
○ Yes	No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name		
* Street		
District		
* City or town	Bolton	
County or administrative area	Lancashire	
* Postcode		
* Country	United Kingdom	
Further Details		
* Date of birth	dd mm yyyy	
* Place of birth		
Section 3 of 10		
ORGANISATION WHICH IS RES	SPONSIBLE FOR THE COL PERIO	

Continued from previous page	<u>)</u>
* Provide a brief description	of the organisation and its objectives
Make-A Wish grants magical condition.	wishes to enrich the lives of children and young people who are living with a life threatening
* Are the proceeds of the co	llection to benefit this organisation?
Yes	○ No
* Is this organisation a regist	tered charity?
Yes	○ No
* Registration number	295672
* What are the proceeds of t	he collection to be used for?
To grant magical wishes	
Section 4 of 10	
CHARITY, FUND OR ORGAN	IISATION TO BENEFIT FROM THE COLLECTION
* Is another organisation go	ing 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 coll	ection
 Both street and house 	e-to-house collections
Street Collection	
	tes and conditions before completing this section. Some of the questions may not be relevant to responses may have to provide very specific information.
Where	
* In what parts of this autho	rity's area do you intend to carry out the collection?
Town centre	
When	
* Preferred dates for the collection	Saturday 10th June 2017
Alternative dates	

Continued from previous page		
* During what hours of the	_	
day will the collection be	10	am - 6pm
held? Collectors		
Collectors		
* How many people do you	15	
plan to authorise as collectors?		
		iable? (provide details of badge, certificate of authority etc)
Make-A Wish t-shirts, badges o	or tak	pards and collection buckets.
What		
Check for local guidance notes licences are required.	s wh	ich may clarify what is allowable in your area and whether additional permissions or
* Do you plan to hold the colle	ectio	n in conjunction with a carnival, procession or other event?
○ Yes	•	No
* Do you intend to offer anyth	ing f	or 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	\bigcirc	No
Statement Of Return		
* Which of the following types proceeds and deductions?	of r	eturn will you submit, giving details of
Section 7 of 10		
PREVIOUS APPLICATIONS		
* Have you, or any person name registration? (check all that ap		n or associated with this application, previously applied for a similar licence or
⊠ No		☐ Yes - application granted and revoked
☐ Yes - application granted		☐ Yes - application refused
Section 8 of 10		
CONVICTIONS		
* Have you, or any person nam	ned i	n or associated with this application, been convicted of any crime or offence?
○ Yes	•	No
Section 9 of 10		Page 55

Continued from previous page	
ADDITIONAL DETAILS	
3	ation which is required or relevant to your application (check for local guidance notes and edetails of specific requirements in your area)
Section 10 of 10	
DECLARATION	
* house collection regulations	ence be granted to me the collection must take place in strict compliance with the house-to-s and/or the street collection regulations as appropriate. I am aware that it is also necessary form of statement within 28 days of the collection taking place.
This data may be made availate to other departments within	ation I have provided, will be held by the Council on both computerised and manual files. able on a public register if so required by relevant legislation. The data may also be disclosed the Council and other organisations, but only in order to ensure compliance with relevant purposes or to prevent or detect fraud or a crime.
☐ Ticking this box indica	tes you have read and understood the above declaration
This section should be comple behalf of the applicant?"	eted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Lucy Leeming
* Capacity	Regional Fundraising Manager
* Date	24 / 10 / 2016 dd mm yyyy
	Add another signatory
continue with your application	outer by clicking file/save as v.uk/apply-for-a-licence/street-collection-licence/blackpool/apply-1 to upload this file and

OFFICE USE ONLY		
Applicant reference number	Make-A Wish Blackpool	
Fee paid		
Payment provider reference		
ELMS Payment Reference		
Payment status		
Payment authorisation code		
Payment authorisation date		
Date and time submitted		
Approval deadline		
Error message		
Is Digitally signed		
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	<u>5</u> <u>6</u> <u>7</u> <u>8</u> <u>9</u> <u>10</u> Next >	

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:	David Steele
------------------	--------------



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

Contact

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

1)	Applicant Det	talis													
	In what capaci	ty are	you a	pplying	for a li	cence		ase tick:							
a)	An individual							_	Complete S	Section A	A				
			ام دان دا ما	lual					1						
b)	A person other tha			iuai				\neg							
	I. As a c	-						/	,						
			d comp	any					Complete S	Section 1	В				
	III. Other								Complete S	Section 1	В				
	A) Individual														
					1	1	the licence	who will	be resp	onsik	ole fo	r the	col	lecti	on
	Title:	Mr	Mrs	Miss	Ms	Fore	ename (s)								
	<u>Surname</u>							Date of	<u>Birth</u>						
	Home address														
								Post Co	<u>de</u>						
	Telephone Number					1	Mobile Number	,							
	Email Address					1		1							
	D) Non-In-Pot		\ I'		•	0:				- 41				4.	
	•	Sen		int – Bi	isiness	, Socie	ety or Charit	y respons	sible to	r tne	prop	osec	COI	iecti	on
	<u>Name</u>														
	Registered address	101	Pento	nville Ro	oad, Lor	ndon									
								Post Co	de l	N 1		9	L	G	
	☎ Telephone	01924	4 203318			1	Mobile								
	Number Email Address	DAVI	D.STEEL	E@SENSE	.org.uk		Number								
2)	Corresponden	ce Na	me an	d Addre	ess										
	<u>Name</u>	Dav	id Stee	ele											
	<u>Address</u>														
	Address	Sen	se, Pe	mbertor) House	, 122 V	Vestgate, Wa	akefield							
												1			
	O.T.:	0400	1 202240				.	Post Co	de V	V F	1		1	X	Р
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		DAVI		FOCENCE	000111/										_
	Email Address	DAVI	D.STEEL	E@SENSE	.ORG.UK	Da	ge 59								

Name of Charity						Sei	nse						
	101 Pentor	nville Ro	oad										
Address	London												
							Post C	ode	N	1		9	L
Charity Registrati	on Numb	ber	289868										
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Money	'		Proper	ty									
1					Tick as	s appropria	te						
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	Total amount of re	ceipts	Amount to be deducted	Reason for deduction.
3)	Has a permit for a	Collection	or Sale for a similar object eve	er been refused?
4		Tick as approp		
4)	If Yes, please state	by which	Licensing Authority, date refu	REASON
5)	Signature of Appli	cant		
	rotand that I am requi	red to conta	ct the following department(s) re	garding my application:
ınde	erstand that I am requi		ict the following department(s) re	garanig my apphoanom
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unde)	Promenade If you are planning to on telephone number will need to provide and a tramway active. Town Centre If you are planning to	to hold a str er (01253) ² insurance c vity permit n to hold a str	eet collection on the Promenade 178231 to check the dates reque cover. Please note, VisitBlackpo nay also be required.	you will must immediately contact VisitBlackpoon
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Locality within which it is proposed to make the Collection or Sale.

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

Blackpool promenade (between South Pier and North Pier)

Tick as appropriate

10)

11)

YES

1

NO

18 JAN 2017

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

Andy Power



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

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

1)	Applicant De	<u>tails</u>
	In what capaci	ty are you applying for a licence?
		Please tick:
a)	An individual	Complete Section A
b)	A person other tha	n an individual
	I. As a c	Complete Section B
	II. As a li	imited company Complete Section B
	III. Other	X Complete Section B
	A) Individual A Name, Add	Applicant - ress and details of applicant for the licence who will be responsible for the collection
	Title:	/M r Mrs Miss Ms Forename (s)
	Surname	Date of Birth
	Home address	
		Post Code
	Telephone Number	Mobile Number
	Email Address	
	B) Non-Individ	lual Applicant – Business, Society or Charity responsible for the proposed Collection
		Walk Like A Veteran – Fundraising for SSAFA and Broughton House
	Tutillo	
	Registered address	SSAFA 4 St Dunstan's Hill, London, EC3R 8AD
		Broughton House Park Ln, Salford M7 4JD
		Post Code
	★ Telephone	■ Mobile
	Number	Number
	Email Address	/
2)	Carronnandana	ee Name and Address
۷)		Andy Power
	<u>Name</u>	
	Address	

							-	st Code	M	2	4		2	Р	E
	Telephone					Mobile Number	_ [<u> </u>					\dashv
	Email Address					Trainison.					****				
3)	Name of charity	y or fund f	for wh	ich the	e Colle	ction / Sale is I	being	j made.							
	Name of Charity														
	Address													_	
							Po	st Code							
	Charity Registration (if applicable)	on Numbe	er					Was il							
1)	The Street Colle	ection will	be fo	r the c	ollecti	on of:									
	Money x		Pi	roperty	у										
						Tick as appropria	ate								
	If property is co	ollected, is	this t	to aive	214/21/	use or sell on l	beha	If of cha	rity pl	ease	state) :			
	What wathed a														
5)	What method o For example wi a description of Ten Veterans w They will arrive i Prior to the Serv funds for their ch	f collectio Il it be a b I the type Ill walk (ale In Blackpoon Ince and Panosen char	on is to oucket of coll ong wi ol arou arade, ities: S	collection ith 4 sind 6.30 they w	place? etion, ling that is upport 0 am to vill walk	staff) from Bury to then join the Al	enter take properties to British	place. Blackpool Forces [on the	ecifice nig	c eve	24 t	o 25	. Jur	e 20
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9) Date of Proposed Collection or Sale, and between what hours: Page 64

	date of pr	oposed collec	tion	, , , , , , , , , , , , , , , , , , , ,				
	DATE	25 th June	2017	BETWEEN WHAT HOURS	FROM: 7 am			
					TO:11 am			
0)	Locality within	which it is pro	posed to m	ake the Collection or Sale).			
	FROM THE MAI	NCHESTER PL	IBLIC HOUS	E, PROMENADE TO THE	CENOTAPH ON THE PROM	IENADE		
1)	Are the whole o	of the receipts	to be paid o	over for the benefit of the	Charity or fund?			
	YES NO	Tick as appropr	iate					
2)		If no, please state what deductions will be made (for expenses or any other purpose) and provide a estimate of the sum which will be deducted. This can be shown as a percentage.						
	Total amount o	f receipts	Amount to	be deducted	Reason for deduction.			
)	Has a permit fo	Has a permit for a Collection or Sale for a similar object ever been refused?						
	YES NO X	Tick as appropr	iate					
)	If Yes, please state by which Licensing Authority, date refused and reason given.							
	AUTHORITY		DATE		REASON			
)	Signature of Ap							
nde	rstand that I am re	quired to contac	t the following	ng department(s) regarding	my application:			
	on telephone nur	mber (01253) 47 ide insurance co	78231 to che over. Please	ck the dates requested are note, VisitBlackpool's term	must immediately contact Vi available and also to check v is and conditions will need to	whether you		

If you are planning to hold a street collection within the Town Centre, permission should immediately be sought

Page 65

A POWER

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

LS/D/520/2/10

Town Centre

Usual Signature

from the Town Centre Admin Manager on (01253) 476204.

Printed Name			
Capacity			
Date			

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

REBECCA SCOTT

Built Environment

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

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



1)	Applicant l	<u>Details</u>
	In what cap	acity 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. Oth	Complete Section B
		al Applicant - 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	
		Post Code
	☎ Telephone	
	Number	Number
	Email Address	
	B) Non-Ind	ividual Applicant – Business, Society or Charity responsible for the proposed Collection
	<u>Name</u>	Alzheiner's Society.
	Registered address	47-44 Crutched Frias
		London
		Post Code & CJN2AE
	Telephone	OTAN TRANSMITTER Mobile
	Number Email Address	Number
		rebecea. swott@alzheimerr.orguk.
2)	Correspond	ence Name and Address
	<u>Name</u>	Rebecca Scott
	<u>Address</u>	Alzheimer's Society, Room 1, Grand Floor,
		The Beacon, Westgate Road, Newcastle Upon Tyre
		Post Code NE49PQ
	Telephone Number	Dial 298 3989 Mobile Number
	Email Address	

A lame of Charity A land Mark Society Alame of Charity A land Mark Society Alame of Charity A land Mark Society Alame of Charity Registration Number Landon Post Code Charity Registration Number Landon For Code Charity Registration Number Landon Post Code Charity Registration Number Landon Post Code Charity Registration Number Landon Post Code Post Code Tick as appropriate If property is collection will be for the collection of: NIA What method of collection is to take place? For example will if be a bucket collection, line of coins, or entertainment a description of the type of collection that is proposed to take place. Bucket collection at Nemery Walk event, faking publication of the type of collection that is proposed to take place. Black pool from at Nemery Walk event, faking publication is addressed? Local Continue to Superator Research and families affected Objects of the Charity or Fund. To lead the fight against devention. Date of Proposed Collection or Sale, and between what hours: NB Please note that we must be in receipt of your application at least date of proposed collection Bath and have the BETWEEN WHAT Landon					
Charity Registration Number 29645 The Street Collection will be for the collection of: Money					
Charity Registration Number 29645 The Street Collection will be for the collection of: Money	43-44 Crutched Frian				
The Street Collection will be for the collection of: Money Property Tick as appropriate					
The Street Collection will be for the collection of: Money	E C J N 2 A 1				
Money Property Tick as appropriate If property is collected, is this to give away use or sell on behalf of char N/A What method of collection is to take place? For example will it be a bucket collection, line of coins, or entertainmen a description of the type of collection that is proposed to take place. Ducket collection at Nemony Walk event, taking publication is it proposed to authorise to act as collectors in which the application is addressed? 20 Use to which proceeds of this collection are to be put. Continue to sypont research and families affected. Objects of the Charity or Fund. To lead the fight against devention. Date of Proposed Collection or Sale, and between what hours: NB Please note that we must be in receipt of your application at least date of proposed collection.					
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Date of Proposed Collection or Sale, and between what hours: NB Please note that we must be in receipt of your application at least date of proposed collection					
NB Please note that we must be in receipt of your application at least date of proposed collection					
date of proposed collection					
BETWEEN WHAT	28 days prior to the				
DATE 8" October 2017 Hours FR	OM: 8am				
ТС	: 4pm				

	Tick as approp	riate				
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 k	peen refused?			
	YES NO Tick as approp	riate				
14)		Licensing Authority, date refused	d and reason given.			
	AUTHORITY	DATE	REASON			
15) I under	Signature of Applicant	act the following department(s) rega	rding my application:			
1)	on telephone number (01253) 4	178231 to check the dates requeste cover. Please note, VisitBlackpool's	ou will must immediately contact VisitBlackpool of are available and also to check whether you sterms and conditions will need to be signed			
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.					
Us	ual Signature 🔠	A				
Pri	nted Name Reb	secca Scott				
Ca	pacity Me/V	long Walk Officer				
Dat	te OS	01 Page 70				
LS/D/5	20/2/10	-				

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

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

Tower Headland, Bladcpool Promenade.

10)

11)

YES

NO

Report to:	PUBLIC PROTECTION SUB-COMMITTEE
Relevant Officer:	Sharon Davies, Head of Licensing Service
Date of Meeting	21 March 2017

PRIVATE HIRE AND HACKNEY CARRIAGE DRIVERS LICENCES

1.0 Purpose of the report:

- 1.1 To consider an applicant who has been convicted of offences or who has otherwise given reasons for concern.
- 2.0 Recommendation(s):
- 2.1 The Sub-Committee will be requested to determine the application as appropriate.
- 3.0 Reasons for recommendation(s):
- 3.1 Licensed drivers can be responsible for transporting vulnerable passengers. It is important for the protection of the public that only fit and proper persons are licensed.
- 3.2a Is the recommendation contrary to a plan or strategy adopted or approved by the Council?
- 3.2b Is the recommendation in accordance with the Council's approved Yes budget?
- 3.3 Other alternative options to be considered:

None, as the Sub-Committee is required to determine the application.

4.0 Council Priority:

4.1 The relevant Council Priority is "The Economy: Maximising growth and opportunity across Blackpool"

5.0 Background Information

5.1 The Sub-Committee is asked to determine whether or not the applicant is a fit and proper person to hold a Hackney Carriage and Private Hire Vehicle driver's licence, in

	respect of the following case:	
	D.R.B (New Hackney Carriage and Private Hire Applicant)	
5.2	Details of offences or matters causing concern and any supporting documents are attached at Appendix 4(a).	
5.3	Does the information submitted include any exempt information?	Yes
5.4	List of Appendices:	
	Appendix 4(a) Details of cases (not for publication)	
6.0	Legal considerations:	
6.1	The Sub-Committee must be satisfied that the applicant is a fit and proper person be licensed.	to
6.2	There is the right of appeal to the Magistrates' Court.	
7.0	Human Resources considerations:	
7.1	None	
8.0	Equalities considerations:	
8.1	None	
9.0	Financial considerations:	
9.1	None	
10.0	Risk management considerations:	
10.1	None	
11.0	Ethical considerations:	
11.1	None	
12.0	Internal/ External Consultation undertaken:	
12.1	None	

- 13.0 Background papers:
- 13.1 None

