

# Public Document Pack

## Blackpool Council

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

### **A G E N D A**

#### **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](mailto: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](http://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.



**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](mailto:chris.williams@blackpool.gov.uk)

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<b>Report to:</b>	<b>PUBLIC PROTECTION SUB-COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davies, Head of Licensing Service
<b>Date:</b>	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? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

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.

5.2 This report sets out the charities on the approved Council list together with other requests for collection permits in 2017/2018.

5.3 The Sub-Committee is requested to select those organisations which should be allowed street collection permits for the forthcoming 12 month period.

5.4 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 None
- 10.0 Risk management considerations:**
- 10.1 None

**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

**APPLICATION FOR A STREET COLLECTION PERMIT**

<b>Applicants Name:</b>	BARBARA JONES (RNLI)
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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

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						
Email Address										

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

<u>Name</u>	ROYAL NATIONAL LIFEBOAT INSTITUTION											
<u>Registered address</u>	WEST QUAY ROAD											
	POOLE											
	DORSET				<u>Post Code</u>	B	H	1	5	1	H	Z
☎ Telephone Number	0202-663053			☎ Mobile Number								
Email Address												

2) Correspondence Name and Address

<u>Name</u>	BARBARA JONES									
<u>Address</u>	[REDACTED]									
	[REDACTED]									
					<u>Post Code</u>	F	4	3		
☎ 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 ROAD				
	POOLE				
	DORSET	Post Code	B	H	1 5 1 4 Z
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 LABELLED 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.

FUNDING OF LIFEBOATS

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

5TH AUGUST
2017

BETWEEN WHAT HOURS

FROM: 9 a.m
TO: 5 p.m.

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

PROMENADE AROUND LIFEBOAT STATION  
BETWEEN CENTRAL + NORTH PIERS

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	Barbara Jones		
Printed Name	BARBARA JONES		
Capacity	HON. FUNDRAISING TREASURER		
Date	08	02	2017

Received

Blackpool Council

20 FEB 2017

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BARBARA JONES FOR RNLI



Lifeboats

Received

20 FEB 2017

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

TO THE LICENSING PANEL

IF THE DATE REQUESTED CANNOT BE GRANTED IT WOULD BE DIFFICULT TO RE-ARRANGE THE EVENT AS IT IS A RARE OCCURANCE 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 REQUEST.

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						
Email Address											

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

<u>Name</u>	ROYAL NATIONAL LIFEBOAT INSTITUTION												
<u>Registered address</u>	WEST QUAY ROAD												
	POOLE												
	DORSET					<u>Post Code</u>	B	H	1	5	1	H	Z
☎ Telephone Number	01253-620424				☎ Mobile Number								
Email Address													

2) Correspondence Name and Address

<u>Name</u>	BARBARA JONES										
<u>Address</u>	[REDACTED]										
	[REDACTED]										
						<u>Post Code</u>	F	Y	3		
☎ 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 ROAD								
	POOLE								
	DORSET		Post Code	B	H	1	5	1	H
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, LABELLED 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?

6

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

FUNDING OF LOCAL LIFEBOAT

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	9 SEPT 2017

BETWEEN WHAT HOURS

FROM:	1pm
TO:	5pm

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

**WEST SIDE OF PROMENADE BETWEEN LIFEBOAT STATION AND SANDCASTLE CENTRE AND BACK. (FOOTWAY ONLY - NOT ON ROAD OR TRAM LINES)**

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

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 **Barbara Jones (FUNDRAISING TREASURER FOR BLACKPOOL LIFEBOAT)**

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	<b>Barbara Jones</b>		
Printed Name	<b>BARBARA JONES</b>		
Capacity	<b>FUNDRAISING TREASURER</b>		
Date	<b>18</b>	<b>FEB</b>	<b>2017</b>

## APPLICATION FOR A STREET COLLECTION PERMIT

<b>Applicants Name:</b>	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](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						
Email Address											

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

<u>Name</u>	THE SALVATION ARMY										
<u>Registered address</u>	RAIKES PARADE										
	BLACKPOOL										
					<u>Post Code</u>	F	Y	1		4	E
☎ Telephone Number	01253 626114				☎ Mobile Number						
Email Address	tina.meredith@salvationarmy.org.uk										

2) Correspondence Name and Address

<u>Name</u>	Mrs Tina Meredith.										
<u>Address</u>	The Salvation Army										
	Raikes Parade Blackpool										
					<u>Post Code</u>	F	Y	1		4	E
☎ Telephone Number	01253 626114				☎ Mobile Number						
Email Address	tina.meredith@salvationarmy.org.uk										



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

Name of Charity	THE SALVATION ARMY								
Address	RAIKES PARADE								
	BLACKPOOL								
		Post Code	F	7	1		4	E	L
Charity Registration Number (if applicable)	214779								

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.

SALVATION ARMY BAND WITH COLLECTORS

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?

8

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

Help and support with the homeless / needy in the Community

8) Objects of the Charity or Fund.

As above (4)

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	8th July 2nd, 8th, 16th, 23rd. 25th Dec.
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BETWEEN WHAT HOURS

FROM:	10 - 3 pm. 10 - 2 pm.
TO:	11 - 12 pm.

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
✓	

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	T. Meredith		
Printed Name	TINA MEREDITH		
Capacity	CORPS SECRETARY		
Date	3	3	2017

**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	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.
<p>Are you an agent acting on behalf of the applicant?</p> <p><input type="radio"/> Yes      <input checked="" type="radio"/> No</p>		<p>Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.</p>

**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		
<input type="checkbox"/> Indicate here if you would prefer not to be contacted by telephone		

Are you:

<input checked="" type="radio"/> Applying as a business or organisation, including as a sole trader <input type="radio"/> Applying as an individual	<p>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.</p>
--	--

**Applicant Business**

* Is your business registered in the UK with Companies House?	<input checked="" type="radio"/> Yes <input type="radio"/> 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

Home country

The country where the headquarters of your business is located.

**Registered Address**

Address registered with Companies House.

\* 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

Brian House Children's Hospice meets complex needs, providing support for the family and care for children who will not be cured of their illness. Our respite care, which we provide at regular intervals, gives families the opportunity to experience times of relief and normality.

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

Yes  No

\* Is this organisation a registered charity?

Yes  No

\* Registration number

511009

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

To provide patient care

#### 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?

Along the promenade during the Fun Run

#### When

\* Preferred dates for the collection

07/05/17

Alternative dates

*Continued from previous page...*

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

**Collectors**

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

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

**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

\* Provide details

\* 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

**Section 8 of 10**

**CONVICTIONS**

*Continued from previous page...*

\* 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

\* Capacity

\* Date  /  /   
dd mm yyyy

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" value="Fun Run 2017"/>
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 >](#)



# Blackpool Council

**APPLICATION FOR A STREET COLLECTION PERMIT**

<b>Applicants Name:</b>	SAMANTHA QUILTY
-------------------------	-----------------

**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><u>Surname</u></b>					<b><u>Date of Birth</u></b>						
<b><u>Home address</u></b>											
					<b><u>Post Code</u></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><u>Name</u></b>	FUTURE SENSE FOUNDATION											
<b><u>Registered address</u></b>	TOWN HALL, MARKET PLACE NEWBURY											
					<b><u>Post Code</u></b>	R	Q	1	4	5	A	A
<b>☎ Telephone Number</b>	01635285669				<b>☎ Mobile Number</b>	N/A						
<b>Email Address</b>	SUPPORT@FUTURESENSEFOUNDATION.ORG											

2) **Correspondence Name and Address**

<b><u>Name</u></b>											
<b><u>Address</u></b>											
					<b><u>Post Code</u></b>						
<b>☎ Telephone Number</b>					<b>☎ Mobile Number</b>						
<b>Email Address</b>											

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

Name of Charity	FUTURESENSE FOUNDATION						
Address	TOWN HALL						
	MARKET PLACE						
	NEWBURY	Post Code	R	G	14	S	A
Charity Registration Number (if applicable)	1132101						

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?

UP TO 20

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

SUPPORTS OUR PROJECTS

8) Objects of the Charity or Fund.

SUPPORTS DISADVANTAGED COMMUNITIES AROUND THE WORLD.

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	25/3/2017	BETWEEN WHAT HOURS	FROM: 9am
	26/3/2017		TO: 5pm

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

CITY CENTRE
-------------

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**

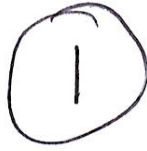
If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions 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. Quilty		
Printed Name	SAMANTHA QUILTY		
Capacity	FUNDRAISING SUPPORT		
Date	22	02	2017

# 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](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="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms	Forename (s)	JAMES		
Surname	ALLAN		Date of Birth	[REDACTED]	
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	[REDACTED]				
Registered address	[REDACTED]				
		Post Code	[REDACTED]		
☎ Telephone Number	[REDACTED]		☎ Mobile Number	[REDACTED]	
Email Address	[REDACTED]				

2) Correspondence Name and Address

Name	JIM ALLAN				
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	HELP FOR HEROES						
Address	14 PARKERS 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:

VIA

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 VIA H4H GEZEBO

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 FOR ARMED FORCES

8) Objects of the Charity or Fund.

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

07/04/2017
08/04/2017

BETWEEN WHAT HOURS

FROM: 0900
TO: 1800

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

ST JOHNS SQUARE

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

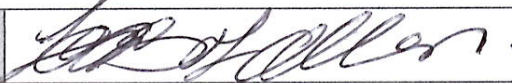
14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

- 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	JIM ALLAN
Capacity	BLACKPOOL CITY(COUNTY) COORDINATOR
Date	02 01 2017



# Blackpool Council

2

## 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](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					
Email Address										

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

<u>Name</u>	JIM ALLAN									
<u>Registered address</u>										
	BLACK POOL									
					<u>Post Code</u>	F	Y	3		
☎ Telephone Number					☎ Mobile Number					
Email Address										

2) Correspondence Name and Address

<u>Name</u>	JIM ALLAN									
<u>Address</u>										
	BLACK POOL									
					<u>Post Code</u>	F	Y	3		
☎ Telephone Number					☎ Mobile Number					
Email Address										

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)	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:

N/A

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 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
13/05/2017

BETWEEN WHAT HOURS

FROM: 0900
TO: 1800



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

ST JOHNS SQUARE

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:

- 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	JIM ALLAN		
Capacity	BLACKPOOL CITY (COUNTY) COORDINATOR		
Date	02	01	2017

# Blackpool Council

3

## 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](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						
Email Address										

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

<u>Name</u>	JIM ALLAN									
<u>Registered address</u>										
	BLACKPOOL									
					<u>Post Code</u>	F	Y	3		
☎ Telephone Number				☎ Mobile Number						
Email Address										

2) **Correspondence Name and Address**

<u>Name</u>	JIM ALLAN									
<u>Address</u>										
	BLACKPOOL									
					<u>Post Code</u>	F	Y	3		
☎ Telephone Number				☎ Mobile Number						
Email Address										



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
				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:

N/A

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 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	14/07/2017
	15/07/2017

BETWEEN WHAT HOURS

FROM:	0900
TO:	1800

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

ST JOHNS SQUARE

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

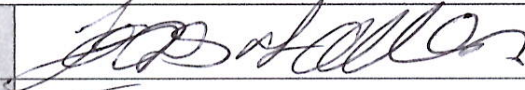
14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

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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.

<b>Usual Signature</b>			
<b>Printed Name</b>	JIM ALLAN		
<b>Capacity</b>	BLACKPOOL CITY (COUNTRY) COORDINATOR		
<b>Date</b>	02	01	2017



# Blackpool Council

4

## 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](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						
Email Address										

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

<u>Name</u>	JIM ALLAN									
<u>Registered address</u>										
	BLACKPOOL									
					<u>Post Code</u>					
☎ Telephone Number				☎ Mobile Number						
Email Address										

2) **Correspondence Name and Address**

<u>Name</u>	JIM ALLAN									
<u>Address</u>										
	BLACKPOOL									
					<u>Post Code</u>					
☎ Telephone Number				☎ Mobile Number						
Email Address										

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:

n/a

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 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

8/09/2017
9/09/2017

BETWEEN WHAT HOURS

FROM: 0900
TO: 1800



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

ST JOHN'S SQUARE

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

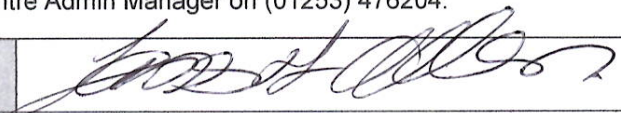
14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

- 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	JIM ALLAN		
Capacity	BLACKPOOL CITY (COUNTY) COORDINATOR		
Date	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 ROTWELL



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 checked="" type="checkbox"/> Mrs	Miss	Ms
----	---	------	----

Forename (s)

KAREN

Surname

ROTHWELL

Date of Birth

[Redacted]

Home address

[Redacted]

Post Code

FY6 [Redacted]

Telephone Number

[Redacted]

Mobile Number

[Redacted]

Email Address

karen.turner47@hotmail.co.uk

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

Name

BRITISH LUNG FOUNDATION

Registered address

73-75 GOSWELL ROAD

LONDON

Post Code

EC1V 7ER

Telephone Number

020-7078-7912

Mobile Number

0207 688 5555

Email Address

events@blf.org.uk

2) **Correspondence Name and Address**

Name

KAREN ROTHWELL

Address

[Redacted]

Post Code

FY6 [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	BRITISH LUNG FOUNDATION				
Address	73-75 GOSWELL ROAD				
	LONDON				
		Post Code	E	C	IV 7ER
Charity Registration Number (if applicable)	326730 ✓				

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?

2

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

TO SUPPORT TENS OF THOUSANDS OF PEOPLE THROUGHOUT THE UK WITH LUNG DISEASE

8) Objects of the Charity or Fund.

TO SUPPORT SUFFERERS + FAMILIES + FUND RESEARCH INTO NEW TREATMENTS + CURES.

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

<del>12</del> 16/4/17

BETWEEN WHAT HOURS

FROM: 10.00
TO: 5.00



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

PROMENADE - NORTH, SOUTH + CENTRAL

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	Karen Rotwell		
Printed Name	KAREN ROTWELL		
Capacity	VOLUNTEER COLLECTOR		
Date	11	02	17

\* 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	<input type="text" value="Not Currently In Use"/>	This is the unique reference for this application generated by the system.
Your reference	<input type="text" value="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 behalf of the applicant?		Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
<input type="radio"/> Yes <input checked="" type="radio"/> No		

**Applicant Details**

* First name	<input type="text" value="Lucy"/>	
* Family name	<input type="text" value="Leeming"/>	
* E-mail	<input type="text" value="lucy.leeming@makeawish.org.uk"/>	
Main telephone number	<input type="text"/>	Include country code.
Other telephone number	<input type="text"/>	
<input type="checkbox"/> Indicate here if you would prefer not to be contacted by telephone		
Are you:		
<input checked="" type="radio"/> 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 individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.
<input type="radio"/> Applying as an individual		

**Applicant Business**

* Is your business registered in the UK with Companies House?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
* Is your business registered outside the UK?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
* Business name	<input type="text"/>		If your business is registered, use its registered name.
* VAT number	<input type="text" value="-"/>	<input type="text"/>	Put "none" if you are not registered for VAT.
* Legal status	<input type="text" value="Please select..."/>		

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?

Yes  No

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.

\* 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

Make-A Wish grants magical wishes to enrich the lives of children and young people who are living with a life threatening condition.

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

Yes  No

\* Is this organisation a registered charity?

Yes  No

\* Registration number

295672

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

To grant magical wishes

#### 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?

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 held?

10am - 6pm

### Collectors

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

15

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

Make-A Wish t-shirts, badges or tabards and collection buckets.

### 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

### 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

Continued from previous page...

### 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	<input type="text" value="Lucy Leeming"/>
* Capacity	<input type="text" value="Regional Fundraising Manager"/>
* Date	<input type="text" value="24"/> / <input type="text" value="10"/> / <input type="text" value="2016"/> dd mm yyyy

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" value="Make-A Wish Blackpool"/>
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 >](#)

# Blackpool Council

## 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

[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  /
- 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><u>Surname</u></b>					<b><u>Date of Birth</u></b>						
<b><u>Home address</u></b>											
					<b><u>Post Code</u></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><u>Name</u></b>	Sense										
<b><u>Registered address</u></b>	101 Pentonville Road, London										
					<b><u>Post Code</u></b>	N	1		9	L	G
<b>☎ Telephone Number</b>	01924 203318				<b>☎ Mobile Number</b>						
<b>Email Address</b>	DAVID.STEELE@SENSE.ORG.UK										

2) **Correspondence Name and Address**

<b><u>Name</u></b>	David Steele											
<b><u>Address</u></b>	Sense, Pemberton House, 122 Westgate, Wakefield											
					<b><u>Post Code</u></b>	W	F	1		1	X	P
<b>☎ Telephone Number</b>	01924 203318				<b>☎ Mobile Number</b>							
<b>Email Address</b>	DAVID.STEELE@SENSE.ORG.UK											

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

<b>Name of Charity</b>	Sense											
<b>Address</b>	101 Pentonville Road											
	London											
						<b>Post Code</b>	N	1			9	L
<b>Charity Registration Number (if applicable)</b>	289868											

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

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

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 during a walk from South Pier to North Pier in Blackpool.

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?

Up to 12 people

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

To help Sense to continue to support deafblind and sensory impaired people.

8) Objects of the Charity or Fund.

Sense is a national charity that supports people who are deafblind, have sensory impairments or complex needs, to enjoy more independent lives.

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>	8/7/17	<b>BETWEEN WHAT HOURS</b>	FROM: 9am
			TO: 4pm

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

Blackpool promenade (between South Pier and North Pier)

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.

<b>Usual Signature</b>				
<b>Printed Name</b>	DAVID STEELE			
<b>Capacity</b>	SENIOR COMMUNITY FUNDRAISING MANAGER			
<b>Date</b>	13	2	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

[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 type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Forename (s)							
<u>Surname</u>						<u>Date of Birth</u>						
<u>Home address</u>												
							<u>Post Code</u>					
☎ Telephone Number					☎ Mobile Number							
Email Address												

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

<u>Name</u>	Walk Like A Veteran – Fundraising for SSAFA and Broughton House											
<u>Registered address</u>	SSAFA 4 St Dunstan's Hill, London, EC3R 8AD											
	Broughton House Park Ln, Salford M7 4JD											
☎ Telephone Number							<u>Post Code</u>					
☎ Mobile Number					☎ Mobile Number							
Email Address												

2) **Correspondence Name and Address**

<u>Name</u>	Andy Power										
<u>Address</u>											

☎ Telephone Number			<u>Post Code</u>				M	2	4		2	P	E
		☎ Mobile Number											
	Email Address												

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

<u>Name of Charity</u>													
Address													
											<u>Post Code</u>		
Charity Registration Number (if applicable)													

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

Money	Property
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.

Ten Veterans will walk (along with 4 support staff) from Bury to Blackpool on the night of 24 to 25 June 2017. They will arrive in Blackpool around 6.30 am to then join the Armed Forces Day parades.

Prior to the Service and Parade, they will walk from the Manchester Pub to the Cenotaph and aim to raise more funds for their chosen charities: SSAFA and Broughton House.

All of the Walkers will then take part in the Ceremonial Parade.

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?

14
----

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

Charity fundraising for SSAFA and Broughton House – no beneficiaries to the Veterans
--

8) Objects of the Charity or Fund.

Please contact us, we are not sure what additional info you need.
---

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

25 <sup>th</sup> June 2017

BETWEEN WHAT HOURS

FROM: 7 am
TO: 11 am

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

FROM THE MANCHESTER PUBLIC HOUSE, PROMENADE TO THE CENOTAPH ON THE PROMENADE

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	 A POWER
-----------------	---

<b>Printed Name</b>			
<b>Capacity</b>			
<b>Date</b>			

# Blackpool Council

## 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  
[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						
Email Address										

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

<u>Name</u>	Alzheimer's Society.											
<u>Registered address</u>	43-44 Crutched Friars											
	London											
					<u>Post Code</u>	E	C	J	N	Z	A	E
☎ Telephone Number	0300 333 0804			☎ Mobile Number								
Email Address	rebecca.scott@alzheimers.org.uk.											

2) **Correspondence Name and Address**

<u>Name</u>	Rebecca Scott										
<u>Address</u>	Alzheimer's Society, Room 1, Grand Floor,										
	The Beacon, Westgate Road, Newcastle Upon Tyne										
					<u>Post Code</u>	N	E	4	9	P	Q
☎ Telephone Number	0191 298 3989			☎ Mobile Number							
Email Address	rebecca.scott@Page 68 org.uk										

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

Name of Charity	Alzheimer's Society							
Address	43-44 Crutched Friar							
	London							
	Post Code	£	C	J	N	Z	A	E
Charity Registration Number (if applicable)	296645							

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:

N/A
-----

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 at Memory Walk event, taking place at Tower Headland, Blackpool Promenade.
--

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
----

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.

To lead the fight against dementia.
-------------------------------------

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	8 <sup>th</sup> October 2017

BETWEEN WHAT HOURS

FROM:	8am
TO:	4pm

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

Tower Headland, Blackpool Promenade.

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	[Handwritten Signature]		
Printed Name	Rebecca Scott		
Capacity	Memory Walk officer		
Date	05	01	2017



<b>Report to:</b>	<b>PUBLIC PROTECTION SUB-COMMITTEE</b>
<b>Relevant Officer:</b>	Sharon Davies, Head of Licensing Service
<b>Date of Meeting</b>	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? No

3.2b Is the recommendation in accordance with the Council's approved budget? Yes

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 to be licensed.

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

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