

Blackpool Council

BLACKPOOL COUNCIL		
MUNICIPAL BUILDINGS POST ROOM		
RECD	15 FEB 2016	
Allocation	LTC	
Location		

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

RSPCA Blackpool + North Lancs

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 Details



In what capacity are you applying for a licence?

Please tick:

An individual

Complete Section A

a) A person other than an individual

I. As a charity

Complete Section B

II. As a limited company

Complete Section B

III. Other

Complete Section B

A) Individual Applicant -

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

Title:

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

Forename (s)

Surname **Date of Birth**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Home address

 Post Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Telephone Number **Mobile Number**
Email Address

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

Name

Registered address

 Post Code

F	Y	6	O	J	R
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Telephone Number <input type="text"/>	Mobile Number <input type="text"/>

2) Correspondence Name and Address

Name

Address

<input type="text"/>	
Blackpool	
LANCASHIRE	Post Code F 4 3 . <input type="text"/>

Telephone Number **Mobile Number**

Email Address

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

Name of Charity	RSPCA Blackpool + NORTH LANCE BRANCH	
Address	RSPCA LONGVIEW ANIMAL CENTRE	
	OLD TOMS LANE	
	POULTON-LE-FYLDE	Post Code F 4 6 0 J R
	LANCASHIRE	
Charity Registration Number (if applicable)	232252.	

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?

6.

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

ANIMAL WELFARE / VETERINARY COSTS.

8) Objects of the Charity or Fund.

TO HELP + RELIEVE THE SUFFERING OF ANIMALS, PROVIDE + MAINTAIN A SUITABLE ACCOMMODATION + FACILITIES FOR THE CARE + TREATMENT OF SUCH ANIMALS. PROMOTE HUMANE BEHAVIOUR TOWARDS ANIMALS.

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	SAT. 30 th APRIL 2016	BETWEEN WHAT HOURS	FROM: 10am.
			TO: 5pm.

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

ST. JOHN'S SQUARE Blackpool.
CHURCH ST.

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
	✓

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. *(YES BY EMAIL)*

Usual Signature	<i>Marcyn Tetchener</i>		
Printed Name	MARCYN TETCHENER		
Capacity	BRANCA MANAGER		
Date	11	02	2016



15 FEB 2016

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

Kimberlee Simmons

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 Details**

In what capacity are you applying for a licence?

Please tick:

An individual

Complete Section A

a) A person other than an individual

I. As a charity

Complete Section B

II. As a limited company

Complete Section B

III. Other

Complete Section B

A) **Individual Applicant -**

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

Title:

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

 Forename (s)

Surname Date of Birth

--	--	--

Home address

 Post Code

--	--	--	--	--	--	--	--

Telephone Number **Mobile Number**

Email Address

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

Name

Registered address



		Post Code	F	Y	2	0	B	G
Telephone Number	01253 359362	Mobile Number						
Email Address	Kimberlee.simmons@trinityhospice.co.uk							

2) Correspondence Name and Address

Name	Kimberlee Simmons							
Address	Trinity Hospice & Palliative care services							
	Low Moor Road, Bispham. Blackpool							
		Post Code	f	y	2	0	b	g
Telephone Number	01253 359362	Mobile Number						
Email Address	Kimberlee.simmons@trinityhospice.co.uk							

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

Name of Charity	Trinity Hospice & Brian House							
Address	Low Moor Road							
	Bispham, Blackpool							
		Post Code	f	y	2	0	b	g
Charity Registration Number (if applicable)	511009							

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.

Charity collection buckets at the event

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

4

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

To fund the work of Trinity hospice and Brian House children's hospice

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

Provide hospice care to Blackpool, Fylde & Wyre

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

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

DATE

16/04/2016 ~~or~~
 17/04/2016

BETWEEN WHAT HOURS

FROM: 10am

Saturday

Confirmed,

TO: 1pm

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

Lawson's Showground

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



YES	NO
x	

Tick as appropriate

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

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

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

YES	NO
	x

Tick as appropriate

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

AUTHORITY	DATE	REASON

- 15) Signature of Applicant

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

- 1) Promenade

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

- 2) Town Centre

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

Usual Signature	K.Simmons		
Printed Name	Miss Kimberlee Simmons		
Capacity	Event Fundraising Assistant; Fundraising department		
Date	28	01	2016



22 JAN 2016

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BLACKPOOL LIFEBOAT



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 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	0845 122 6999			☎ Mobile Number	_____							
Email Address	rnl.org.uk.											

2) Correspondence Name and Address

<u>Name</u>	MRS BARBARA JONES										
<u>Address</u>	[Redacted]										
	BLACKPOOL										
					<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	RNLI				
Address	WEST QUAY ROAD				
	POOLE				
	DORSET			Post Code	BH151HZ
Charity Registration Number (if applicable)	209603				

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

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

Tick as appropriate

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

5) What method of collection is to take place?

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

BUCKET COLLECTION (SEALED)

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?

maximum 6

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

FUNDING OF LIFEBOATS + EQUIPMENT

8) Objects of the Charity or Fund.

SAVING LIVES AT SEA

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

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

DATE	SATURDAY
	20 th AUG 2016

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 IN AND AROUND THE
LIFEBOAT STATION FOR STATION OPEN DAY.

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	Barbara Jones		
Printed Name	BARBARA JONES		
Capacity	TREASURER FOR BLACKPOOL FUND		
Date	20	01	2016

RAISING

22 JAN 2016

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BLACKPOOL LIFEBOAT



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 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	A	1	5	1	H	Z
☎ Telephone Number	0845 122 6999				☎ Mobile Number								
Email Address	rnl.org.uk												

2) Correspondence Name and Address

<u>Name</u>	MRS. BARBARA JONES										
<u>Address</u>											
	BLACKPOOL										
						<u>Post Code</u>	F	4	3		
☎ Telephone Number					☎ Mobile Number						
Email Address											

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

Name of Charity	RNLI				
Address	WEST QUAY ROAD				
	POOLE				
	DORSET	Post Code	B	H	1 5 1 H 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 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 LIFEBOATS AND EQUIPMENT

8) Objects of the Charity or Fund.

SAVING LIVES AT SEA

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

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

DATE	SUNDAY
	11 th SEPT 2016

BETWEEN WHAT HOURS

FROM:	10 a.m
TO:	4 p.m

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

PROMENADE BETWEEN NORTH AND SOUTH
PIERS. TO ACCOMPANY THE CREW PULLING
A LIFE BOAT.

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

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

Tick as appropriate

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

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

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

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

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

1) Promenade

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2) Town Centre

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

Usual Signature	Barbara Jones		
Printed Name	BARBARA JONES		
Capacity	TREASURER FOR BLACKPOOL FUND RAISING		
Date	20	JAN	2016

Blackpool Council

08 MAR 2016
08 MAR 2016

~~07 MAR 2016~~

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 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="radio"/> Mrs	Miss	Ms	Forename (s)	CHRISTINE				
Surname	MEREDITH				Date of Birth					
Home address	[Redacted]									
	BLACKPOOL									
					Post Code	F	Y	4	[Redacted]	
Telephone Number	[Redacted]				Mobile Number	[Redacted]				
Email Address	[Redacted]									

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

Name	THE SALVATION ARMY										
Registered address	RAIKES PARADE										
	BLACKPOOL										
					Post Code	F	Y	1	4	E	L
Telephone Number	01253 626114				Mobile Number	[Redacted]					
Email Address	[Redacted]										

2) **Correspondence Name and Address**

Name	MRS C. MEREDITH.										
Address	THE SALVATION ARMY										
	RAIKES PARADE,										
	BLACKPOOL				Post Code	F	Y	1	4	E	L
Telephone Number	01253 626114				Mobile Number	[Redacted]					
Email Address	[Redacted]										

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	Y	L	4 E L
Charity Registration Number (if applicable)	214779				

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:

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 PLAYING - Collection of money in buckets/boxes.

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.

To provide support for the homeless/needy in the Fylde.

8) Objects of the Charity or Fund.

As above

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

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

DATE	9/7/16
	3/12/16
	10/12/16
	17/12/16
	24/12/16
	25/12/16

BETWEEN WHAT HOURS

FROM:	10AM - 3PM
TO:	25/12/16 11AM - 12PM.

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

TOWN CENTRE. (OUTSIDE M ⁴ S front and back entrance)
--

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.

Usual Signature	b. Meredith		
Printed Name	CHRISTINE MEREDITH		
Capacity	CORPS SECRETARY		
Date	4	3	16