



**Blackpool**  
**Application to licence a street collection**  
**Police, Factories etc. (Miscellaneous Provisions) Act**  
**1916**

For help contact  
[licensing@blackpool.gov.uk](mailto:licensing@blackpool.gov.uk)  
 Telephone: 01253 478397

\* required information

### Section 1 of 10

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

- System reference  This is the unique reference for this application generated by the system.
- Your reference  You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
- Are you an agent acting on behalf of the applicant? Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
- Yes  No

### Applicant Details

- \* First name
- \* Family name
- \* E-mail
- Main telephone number  Include country code.
- Other telephone number
- Indicate here if you would prefer not to be contacted by telephone

Are you:

- Applying as a business or organisation, including as a sole trader
- Applying as an individual

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

### Applicant Business

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

- \* Registration number
- \* Business name  If your business is registered, use its registered name.
- \* VAT number   Put "none" if you are not registered for VAT.
- \* Legal status

*Continued from previous page...*

\* Your position in the business

Home country

The country where the headquarters of your business is located.

**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

We fund research into the treatment, prevention and early diagnosis of all cancer types. Our aim is to bring forward the day that all cancers are cured.

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

Yes  No

\* Is this organisation a registered charity?

Yes  No

\* Registration number

1089464

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

100% of the proceeds will go to Stand Up To Cancer, a Cancer Research UK fundraising campaign in partnership with Channel 4, which funds translational cancer research to speed medical breakthroughs from the labs and get them to patients sooner.

#### Section 4 of 10

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

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

Yes  No

#### Section 5 of 10

#### TYPES OF COLLECTION

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

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

#### Street Collection

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

#### Where

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

BLACKPOOL TOWN CENTRE, PROMENADE

#### When

\* Preferred dates for the collection

21/10/2016

Alternative dates

*Continued from previous page...*

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

09.00-19.00

### Collectors

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

4

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

Collectors will wear branded clothing and hold collection buckets. They will also be wearing badges indicating granting of authority from Cancer Research UK head office

### What

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

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

Yes  No

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

Yes  No

### Section 6 of 10

#### EXPENSES AND PAYMENT

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

Yes  No

#### Statement Of Return

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

Street collection only

### Section 7 of 10

#### PREVIOUS APPLICATIONS

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

No  Yes - application granted and revoked

Yes - application granted  Yes - application refused

#### Application Granted

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

\* Local authority applied to Kings Lynn and West Norfolk

\* Date of licence/registration 16th Oct 2015

\* Reference number 15/00847/CH\_STR

Continued from previous page...

\* Expiry date

16th Oct, 2015

Add another granted section

## Section 8 of 10

### CONVICTIONS

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

Yes

No

## Section 9 of 10

### ADDITIONAL DETAILS

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

## Section 10 of 10

### DECLARATION

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

I understand that the information I have provided, will be held by the Council on both computerised and manual files.

\* This data may be made available on a public register if so required by relevant legislation. The data may also be disclosed to other departments within the Council and other organisations, but only in order to ensure compliance with relevant legislation, for identification purposes or to prevent or detect fraud or a crime.

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

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

\* Full name

HEATHER POWELL

\* Capacity

NATIONAL CAMPAIGNS MANAGER

\* Date

01 / 02 / 2016  
dd mm yyyy

Add another signatory

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

1. Save this form to your computer by clicking file/save as...

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

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

**OFFICE USE ONLY**

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

08 JAN 2016

# Blackpool Council

## APPLICATION FOR A STREET COLLECTION PERMIT

**Applicants Name:**

STEPHEN PIERRE (THE GALLEONAIRES BAND)

Please see attached list of  
dates and times for  
street collections in 2016.



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	<del>Mrs</del>	<del>Miss</del>	<del>Ms</del>
----	----------------	-----------------	---------------

Forename (s)

STEPHEN

Surname

PIERCE

Date of Birth

Home address

LONDON

Post Code

SE1

☎ Telephone Number

☎ Mobile Number

Email Address

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

Name

Registered address



Post Code

☎ Telephone Number

☎ Mobile Number

Email Address

2) **Correspondence Name and Address**

Name

Address



Post Code

☎ Telephone Number

☎ Mobile Number

Email Address



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

Name of Charity	TRINITY HOSPICE				
Address	Low Moor Road				
	BISPLAM.				
	BLACKPOOL	Post Code	F42		0B9
Charity Registration Number (if applicable)	511009				

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

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

Tick as appropriate

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

\_\_\_\_\_

5) What method of collection is to take place?

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

Sealed bucket collection,  
live music entertainment.

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?

3 collectors.

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

100%

8) Objects of the Charity or Fund.

TRINITY HOSPICE.

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

Please find  
list of dates

DATE


BETWEEN WHAT HOURS

FROM: 12 noon
TO: 5pm

attached.

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

St Johns Square Blackpool

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

YES	NO
✓	

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>	STEPHEN PIERRE			
<b>Capacity</b>	GALLOMARS BAND LEADER			
<b>Date</b>	07	01	2016	

Galleonairs Band of Dates . Collection Bucket permit for Trinity Hospice in St Johns Square  
Blackpool Full List for 2016 (subject to weather conditions and main stage events organised and by  
Blackpool BID or St Johns Church) Usually between the hours of 12noon and no later than 5pm.

March 27

APRIL 8, 9,10

MAY 1, 29

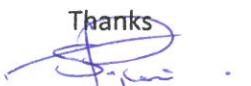
JUNE 26

JULY 17, 31

AUG, 7, 28

SEPT 18,

Thanks



Stephen Pierre

\* required information

**Section 1 of 10**

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

Are you an agent acting on behalf of the applicant?

Yes  No

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

**Applicant Details**

\* First name

\* Family name

\* E-mail

Main telephone number

Include country code.

Other telephone number

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

Are you:

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

Applying as an individual

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

**Applicant Business**

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

\* Registration number

\* Business name

If your business is registered, use its registered name.

\* VAT number

Put "none" if you are not registered for VAT.

\* Legal status

Continued from previous page...

\* Your position in the business

Home country

The country where the headquarters of your business is located.

**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

The FutureSense Foundation supports disadvantaged communities around the world, focusing on education, livelihood support and child welfare.

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

Yes  No

\* Is this organisation a registered charity?

Yes  No

\* Registration number

1132101

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

Supporting overseas communities.

#### 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?

City centre.

#### When

\* Preferred dates for the collection

19th March and 9th of April

*Both if possible*

Alternative dates

16th of April

**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

\* 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

SC0585

**Application Granted**

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

\* Local authority applied to   
\* Date of licence/registration   
\* Reference number

Continued from previous page...

\* Expiry date

13th December 2015

Add another granted section

**Section 8 of 10**

**CONVICTIONS**

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

Yes

No

**Section 9 of 10**

**ADDITIONAL DETAILS**

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

**Section 10 of 10**

**DECLARATION**

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

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

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

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

\* Full name

Eve Hargreaves

\* Capacity

Fundraising Support

\* Date

23 / 03 / 1998  
dd mm yyyy

Add another signatory

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

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

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



**OFFICE USE ONLY**

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



FutureSense Foundation  
Town Hall, Market Place,  
Newbury, Berkshire.  
RG14 5AA  
Tel: 01635 45556  
Fax: 01635 45596  
FutureSenseFoundation.org

20 July 2015

To Whom It May Concern,

**RE: Street Collection Applications**

This letter is to confirm that Eve Hargreaves is authorised by the board of Trustees to make applications for street collections, and organise such events on behalf of the FutureSense Foundation, a registered charity in England and Wales (registration number: 1132101).

The FutureSense Foundation is dedicated to the advancement of education, child welfare and improved livelihoods overseas through the provision of volunteers and financial assistance.

For further information, please email [support@futuresensefoundation.org](mailto:support@futuresensefoundation.org) or call +44 (0)1635 825 669.

If you have any further questions please do not hesitate to contact me. Thank you for supporting our charity and volunteers.

Yours faithfully,

**Simon Palferman**  
Head of Charity  
FutureSense Foundation



**Kelly Guy**

**From:** Janet Salisbury <janet.salisbury@blackpoolbid.org>  
**Sent:** 24 February 2016 13:36  
**To:** Kelly Guy  
**Subject:** RE: Street Collections 19th March and 9th April

Hi Kelly

I think this is a great solution, thanks ☺

Regards

Jan

Jan Salisbury  
Admin Manager  
Blackpool BID Ltd  
Tel 01253 476204  
Website: <http://www.blackpoolbid.org>

Blackpool Town Centre Improvement District Limited  
Registered Office:  
Empress Buildings 97 Church Street Blackpool FY1 1HU  
Registered No 3219849 in England & Wales

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Please consider the environment before printing this email

**From:** Kelly Guy [mailto:kelly.guy@blackpool.gov.uk]  
**Sent:** 24 February 2016 09:44  
**To:** Janet Salisbury  
**Subject:** RE: Street Collections 19th March and 9th April

Hi Jan,

Actually you are right, 20 is a bit excessive. We usually get requests for 6, possibly 8 at a push. I think we shall limit it to 8 in that case and for the 9<sup>th</sup> April collection but exclude St John's Square from the permit, what do you think ?

Kelly

**From:** Janet Salisbury [mailto:janet.salisbury@blackpoolbid.org]  
**Sent:** 23 February 2016 09:18  
**To:** Kelly Guy  
**Subject:** RE: Street Collections 19th March and 9th April

Hi Kelly

Sorry for the delay in replying, I didn't have access to the computer yesterday afternoon.

With regard to 19 March we have no objection. How many collectors do we usually approve as 20 seems a little excessive for the town centre?

On 9 April we have the Galleonairs performing in St John's with a bucket collection for the local Trinity charity. Do you usually allow 2 collections on one day, especially if one has 20 collectors?

What do you think?

Regards

Jan

Jan Salisbury  
Admin Manager  
Blackpool BID Ltd  
Tel 01253 476204  
Website: <http://www.blackpoolbid.org>

Blackpool Town Centre Improvement District Limited  
Registered Office:  
Empress Buildings 97 Church Street Blackpool FY1 1HU  
Registered No 3219849 in England & Wales

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Please consider the environment before printing this email

**From:** Kelly Guy [mailto:kelly.guy@blackpool.gov.uk]  
**Sent:** 22 February 2016 12:51  
**To:** Janet Salisbury  
**Subject:** Street Collections 19th March and 9th April

Hi Janet,

Do both of these have your approval please ? Obviously the latter one will have to go to Committee but I can issue the March one as soon as approved.

Many thanks,

Kelly

**From:** kelly.guy@blackpool.gov.uk [mailto:kelly.guy@blackpool.gov.uk]  
**Sent:** 22 February 2016 05:50  
**To:** Kelly Guy  
**Subject:** Message from KM\_C454e

Would you like to be kept up to date with Blackpool Council news ? Sign up here - [www.blackpool.gov.uk/YourBlackpool](http://www.blackpool.gov.uk/YourBlackpool) <http://www.blackpool.gov.uk/EmailDisclaimer/> This message has been scanned for inappropriate or malicious content as part of the Council's e-mail and Internet policies

<http://www.blackpool.gov.uk/EmailDisclaimer/> This message has been scanned for inappropriate or malicious content as part of the Council's e-mail and Internet policies.

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<http://www.blackpool.gov.uk/EmailDisclaimer/> This message has been scanned for inappropriate or malicious content as part of the Council's e-mail and Internet policies.

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**Kelly Guy**

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**From:** FSF Support <support@futuresensefoundation.org>  
**Sent:** 23 February 2016 11:33  
**To:** Kelly Guy  
**Subject:** RE: Street Collection SC0585

Hi Kelly,

Thanks for your help.

Best wishes,

Eve

Eve Hargreaves  
Fundraising Support  
FutureSense Foundation  
01635 285669



**From:** Kelly Guy [mailto:kelly.guy@blackpool.gov.uk]

**Sent:** 22 February 2016 12:35

**To:** FSF Support <support@futuresensefoundation.org>

**Subject:** RE: Street Collection SC0585

Hi Eve,

Thank you for confirming that the Street Collection did not in fact take place on the 16 January 2016, I will update our records accordingly and you do not need to file a Nil Return now.

I can proceed to issue the Permit for the 19 March however the Permit for 9 April has to go before the Public Protection sub-committee for approval (as with any applications for dates after 1 April 2016). I will process that application as soon as I receive the decision which will be towards the end of March and email the documents over straight after.

Kind regards,

**Kelly Guy**  
*Assistant Licensing Officer*

Licensing Services  
Governance and Regulatory Services | Blackpool Council | Municipal Buildings | Corporation Street | Blackpool | FY1 1NA

Post to: Blackpool Council | PO Box 4 | Blackpool | FY1 1NA

T: 01253 478397

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

**From:** FSF Support [mailto:support@futuresensefoundation.org]

**Sent:** 22 February 2016 11:51

**To:** Kelly Guy

**Subject:** RE: Street Collection SC0585

Hi Kelly,

Yes that's correct.

Best wishes,

Eve

Eve Hargreaves  
Fundraising Support  
FutureSense Foundation  
01635 285669



**From:** Kelly Guy [mailto:kelly.guy@blackpool.gov.uk]

**Sent:** 22 February 2016 11:05

**To:** FSF Support <support@futuresensefoundation.org>

**Subject:** RE: Street Collection SC0585

Hi Eve,

Do you mean the Street Collection did not take place? In which case I can submit a Nil Return for you if you can confirm please.

Regards

**Kelly Guy**  
*Assistant Licensing Officer*

Licensing Services  
Governance and Regulatory Services | Blackpool Council | Municipal Buildings | Corporation Street | Blackpool | FY1 1NA

Post to: Blackpool Council | PO Box 4 | Blackpool | FY1 1NA

T: 01253 478397

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

**From:** FSF Support [mailto:support@futuresensefoundation.org]

**Sent:** 12 February 2016 11:49

**To:** Kelly Guy

**Subject:** RE: Street Collection SC0585

Hello Kelly,

Sorry - I will get this sent off next week as I need our accountant to be here to sign it off.

However, we had no attendees on the 16<sup>th</sup> of Jan.

Best wishes,

Eve

Eve Hargreaves  
Fundraising Support  
FutureSense Foundation  
01635 285669



**From:** Kelly Guy [mailto:kelly.guy@blackpool.gov.uk]

**Sent:** 12 February 2016 11:15

**To:** FSF Support <support@futuresensefoundation.org>

**Subject:** Street Collection SC0585

Good morning Eve,

Further to our telephone conversation a short while ago, I note we are still awaiting a Return for your Street Collection SC0585 which was to have taken place on the 16 January 2016. As consent for any Permit is based on having submitted Returns previously, I am attaching a copy of the Form for your completion and submission and look forward to hearing back from you in due course.

Regards

**Kelly Guy**

*Assistant Licensing Officer*

Licensing Services  
Governance and Regulatory Services | Blackpool Council | Municipal Buildings | Corporation Street | Blackpool | FY1  
1NA

Post to: Blackpool Council | PO Box 4 | Blackpool | FY1 1NA

T: 01253 478397

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

## Kelly Guy

---

**From:** Kelly Guy  
**Sent:** 25 February 2016 09:26  
**To:** 'FSF Support'  
**Subject:** Street Collection Saturday 19 March 2015  
**Attachments:** SC0590 190316 Covering Letter.pdf; SC0590 190316 Permit.pdf; Street Collection Regulations.pdf; Street Collection Return due by 16.02.2016.pdf

Good morning Eve,

Please find attached the Street Collection permit for your collection on 19<sup>th</sup> March 2016 along with supporting documentation. I will require a Return for this by the 16<sup>th</sup> April. Your second request will be put before the Public Protection sub-committee who will meet at the end of March and I will be in touch shortly after the meeting with their decision. I would point out that we have limited the number of Collectors to a maximum of 8 as a request for 20 was deemed to be excessive.

Good luck with your fundraising.

Regards

**Kelly Guy**  
*Assistant Licensing Officer*

### Licensing Services

Governance and Regulatory Services | Blackpool Council | Municipal Buildings | Corporation Street | Blackpool | FY1 1NA

Post to: Blackpool Council | PO Box 4 | Blackpool | FY1 1NA

T: 01253 478397

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





## Section 1 of 10

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

- System reference  This is the unique reference for this application generated by the system.
- Your reference  You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
- Are you an agent acting on behalf of the applicant? Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.
- Yes  No

### Applicant Details

- \* First name
- \* Family name
- \* E-mail
- Main telephone number  Include country code.
- Other telephone number
- Indicate here if you would prefer not to be contacted by telephone

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

### Applicant Business

- \* Is your business registered in the UK with Companies House?  Yes  No
- \* Registration number
- \* Business name  If your business is registered, use its registered name.
- \* VAT number   Put "none" if you are not registered for VAT.
- \* Legal status

*Continued from previous page...*

\* Your position in the business

Home country

The country where the headquarters of your business is located.

**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?

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

Di

\* 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

We provide free care and support to people suffering from terminal illness, and their families, either in one of our hospices or in their own homes. We also provide educational and research facilities into terminal illness

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

Yes  No

\* Is this organisation a registered charity?

Yes  No

\* Registration number

207994

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

To raise funds to enable us to provide the services above

#### Section 4 of 10

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

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

Yes  No

#### Section 5 of 10

#### TYPES OF COLLECTION

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

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

#### Street Collection

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

#### Where

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

Blackpool Town Centre

#### When

\* Preferred dates for the collection

2nd April 2016

Alternative dates

9th April 2016

*Continued from previous page...*

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

9am to 8pm

### Collectors

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

40

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

They will wear a Marie Curie tabard and carry a copy of the street collection permit. They will also have a Marie Curie display box containing the daffodil pins and/or a collecting tin

### What

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

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

Yes  No

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

Yes  No

## Section 6 of 10

### EXPENSES AND PAYMENT

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

Yes  No

### Statement Of Return

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

Street collection only

## Section 7 of 10

### PREVIOUS APPLICATIONS

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

No  Yes - application granted and revoked

Yes - application granted  Yes - application refused

### Application Granted

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

\* Local authority applied to

Liverpool

\* Date of licence/registration

5th October 2015

\* Reference number

SC1360

Continued from previous page...

\* Expiry date

6th March 2016

Add another granted section

## Section 8 of 10

### CONVICTIONS

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

Yes

No

## Section 9 of 10

### ADDITIONAL DETAILS

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

This collection is for part of the annual Marie Curie Great Daffodil Appeal

## 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

Anne-Marie Wynne

\* Capacity

Fundraising manager - North West

\* Date

07 / 01 / 2016  
dd mm yyyy

Add another signatory

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

1. Save this form to your computer by clicking file/save as...

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

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

**OFFICE USE ONLY**

Applicant reference number	<input type="text" value="Blackpool 01/16"/>
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"/>

# Blackpool Council

08 FEB 2016

## APPLICATION FOR A STREET COLLECTION PERMIT

**Applicants Name:**

WHITTAKER DANCE AND DRAMA CENTRE

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

**Contact**

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

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



1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

- a) An individual  Complete Section A
- b) A person other than an individual
  - I. As a charity  Complete Section B
  - II. As a limited company  Complete Section B
  - III. Other  Complete Section B

A) **Individual Applicant -**

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

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

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

Name	WHITTAKER DANCE AND DRAMA CENTRE											
Registered address	135 HORNBY RD											
	BLACKPOOL											
					Post Code	F	4	1		4	J	G
☎ Telephone Number	01253 623368				☎ Mobile Number	07799605919						
Email Address	norbury2000@btinternet.com											

2) **Correspondence Name and Address**

Name	MISS SHEILA GANLEY									
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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 16 <sup>th</sup> APRIL 2016	BETWEEN WHAT HOURS	FROM: 2.30pm TO: 3.15pm
------	------------------------------------	--------------------	----------------------------

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

St. John's Outside Church
---------------------------

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

Address			
	BLACKPOOL		
		Post Code	
☎ Telephone Number		☎ Mobile Number	
Email Address			

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

Name of Charity	MARIE CURIE		
Address	89 Albert Embankment		
	London		
		Post Code	SE1 7TP
Charity Registration Number (if applicable)	207994		

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.

Bucket collection (Irish dancing)

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

6

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

MARIE CURIE CANCER CARE

8) Objects of the Charity or Fund.

**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.

*Permission has been given for this date.*

<b>Usual Signature</b>	<i>S Ganley</i>		
<b>Printed Name</b>	<i>S Ganley</i>		
<b>Capacity</b>	<i>Co-Owner</i>		
<b>Date</b>	<i>05</i>	<i>02</i>	<i>2016</i>

## Section 1 of 10

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System reference

Not Currently In Use

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Your reference

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

Are you an agent acting on behalf of the applicant?

- Yes  No

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

### Applicant Details

\* First name

Khalil

\* Family name

Benkhalil

\* E-mail

khalil.benkhalil@pennyappeal.org

Main telephone number

07427662110

Include country code.

Other telephone number

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

Are you:

- Applying as a business or organisation, including as a sole trader  
 Applying as an individual

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

### Applicant Business

\* Is your business registered in the UK with Companies House?

- Yes  No

\* Is your business registered outside the UK?

- Yes  No

\* Business name

If your business is registered, use its registered name.

\* VAT number

-

Put "none" if you are not registered for VAT.

\* Legal status

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**

Kingdom

\* 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

Penny Appeal works in over 30 crisis hit countries and runs projects to help families, orphans with shelter, food and medicinal purposes.

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

Yes  No

\* Is this organisation a registered charity?

Yes  No

\* Registration number

1128341

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

Feeding for £1 per meal in 30 crisis hit countries around the world

#### 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?

City Centre

#### When

\* Preferred dates for the collection

26/06/16

Alternative dates

25/06/16

*Continued from previous page...*

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

9:00-17:00

### 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)

The collectors will be wearing 'Penny Appeal' T-Shirts and will have iD badges

### 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

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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="Khalil Benkhalil"/>
* Capacity	<input type="text" value="Regional Fundraising Manager of Penny Appeal"/>
* Date	<input type="text" value="02"/> / <input type="text" value="03"/> / <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"/>
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"/>