

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BARBARA JONES (RNLI)



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

Contact

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

www.blackpool.gov.uk

1) Applicant 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	1514Z
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]										
	[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:

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

Usual Signature	Barbara Jones		
Printed Name	BARBARA JONES		
Capacity	FUNDRAISING TREASURER		
Date	18	FEB	2017

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

THE SALVATION ARMY

Built Environment

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

Contact

T: (01253) 47 8570
F: (01253) 47 8372
www.blackpool.gov.uk



1) Applicant 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	L
☎ 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	L
☎ 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 - 3pm. 10 - 2pm.
TO:	11 - 12pm.

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.

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

* 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

Not Currently In Use

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

Your reference

Fun Run 2017

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

Are you an agent acting on 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

Kayleigh

* Family name

Russell

* E-mail

kayleigh.russell@trinityhospice.co.uk

Main telephone number

01253 359355

Include country code.

Other telephone number

- Indicate here if you 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

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?

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

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?

10.00am - 2.00pm

Collectors

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

6

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

They will be a Brian House Children's Hospice volunteer wearing a badge with their name.

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

As part of our 10K Fun Run event

* 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"/>