0 6 MAR 2017

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

SAMANTUA QUILTY

Built Environment

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

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



1)	Applica	nt Deta	<u>ails</u>														
	In what	capacit	y are	you a	pplying	for a li	cence?										
								Plea	ase t	ick:							
a)	An individua	al								Comple	ete Sec	tion A					
b)	A person ot	her tha	n an i	ndivid	lual					,							
	I.	As a cl	narity					1	7	Comple	ete Sec	tion B					
	II.	As a lii	mited	comp	any			Г	\neg	Comple	ete Sec	tion B					
	III.	Other							Ī	Comple	ete Sec	tion B					
								L									
	A) Indiv	idual A e, Addr	pplic ess a	ant - ind de	tails of	applica	ant for th	ne licence	who	will be re	spo	nsibl	e fo	r the	col	lecti	on
	Title:		Mr	Mrs	Miss	Ms	Foren	ame (s)									
	Surname	[I		Dat	te of Birth	Γ						
	Surname	Į		35-08	***************************************				Dai	te or birtin	L		لـــــا				
	Home addr	ess															
									Pos	st Code							
	Telepho Telepho						2	Mobile	, [L			
	Number Email Addr	ı						Number									
	Email Addr	ess						*				<u> 1800 - 188 - 1</u>					
	B) Non-	Individ	ual A	pplica	nt – Bu	siness,	Society	or Charit	ty res	sponsible	for t	he p	ropo	sed	Col	lecti	on
	Name		Fi	TUF	RE S	ENS	E FO	NONVI	7710	SV-2							
	Registered																
	<u>address</u>		10	UN	MA	700,											
			m	ARK	73	PLA	CE										
			()	E 6 18	BURY				Pos	st Code	R	Q	1	4	5	A	A
	Telephor				7826	P36	2	Mobile Number		NIA							
	Email Addr	ess		PPOI			CIRES	381138	FC	RONDE	DITE	W.	OR	Ci			
		ı															3
2)	Correspo	ondenc	e Nar	ne and	d Addre	ess				N. 1		-					
	Name																
	Address	[****						21571					
							illi e a in	10/3%			-						
									Pos	st Code							
	Telephor						8	Mobile Number	Ĺ								
	Number Email Addr	1						Mullipel									
		0.000															

3)	Name of charit	ty or fund for which the Co	ollection / Sale is be	eing made.		
	Name of Charity	FUTURESENSE	E FOUNDATI	S		
		DAY WOOT				
	Address	MARKET PLAK	CE			
		NEWBURY		Post Code	RG14	SAA
	Charity Registrati (if applicable)	ion Number 113210)/			
4)	The Street Coll	lection will be for the colle	ection of:			
	Money	Property	Tisk on a succession	144		
			Tick as appropriate			
	If property is co	ollected, is this to give aw	ay use or sell on b	ehalf of charity	y please state:	
				NAME OF THE OWNER OWNE		
5)		of collection is to take plac rill it be a bucket collection		entertainment	/ specific event?	Please provid
		of the type of collection that			, opcomo evene.	Troube provid
	BUCKET	COLLECCTION				
6)		rsons is it proposed to au	uthorise to act as	collectors in t	he area of the loc	al authority t
		ication is addressed?			· · · · · · · · · · · · · · · · · · ·	
	UP TO	20				
7)	Use to which o	roceeds of this collection	are to be put			
')		¥				\neg
	30/4/0181	rs our proje	CTS			
• `						
8)	Γ = -	Charity or Fund.	202		10.0	
	TILE W	KAS DISADUANT KARUP	MED COMM	C3171/W	HROOMD	i i
84020	MV	9 700 NORT 1000 FF 10 N				
9)	3.2	ed Collection or Sale, and ote that we must be in rece			days prior to the	
		oposed collection	ipt of your applicat	iioii at least 20	days prior to the	
	DATE	25/3/2017	BETWEEN WH	FROM	VI: 9 am	
		26/3/2017		TO:	Spm	
	$\mathcal{C}_{\mathcal{C}}$	26/3/2017 hubane the 25	the on him		· collecti	- her
LS/I	0/520/2/10	n whole the 20	on men	a curl	e come con	7 1101

10))	Locality within wh						
			M C	ENTRE	3			
11	1)	Are the whole of the YES NO	ne receipts of		over for the I	penefit of the C	harity or fund?	
12	2)	If no, please state estimate of the sur	what dedu m which wil	uctions will Il be deduct	be made (fed. This can	or expenses on be shown as	r any other purpose) and pro a percentage.	vide an
		Total amount of re-	ceipts	Amount to	be deducte	ed	Reason for deduction.	
13	3)	Has a permit for a	Collection	or Sale for a	ı similar obj	ect ever been r	efused?	
		YES NO						
4.2			Tick as appropr			is refused and	raaaan giyan	
14	l)	If Yes, please state	***	Licensing A	uthority, da	te refused and		
14	l)		***		uthority, da	e refused and	reason given. REASON	
14		If Yes, please state	e by which L	Licensing A	uthority, da	e refused and		
15	5)	If Yes, please state	e by which L	DATE			REASON	
15	5) under	Signature of Applierstand that I am requirements on telephone numbers.	cant red to contact to hold a streer (01253) 4 insurance co	DATE ct the following rest collection 78231 to cheover. Please	ng departme on the Promeck the dates e note, VisitB	nt(s) regarding r nenade you will r requested are a	REASON	er you
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15 I u	inder	Signature of Applierstand that I am requirement on telephone number will need to provide and a tramway activement of the stand of the standard	cant red to contact or hold a streer (01253) 4 insurance contact insurance contact or hold a streer Admin Ma	ct the following A collection 78231 to che cover. Please ay also be reserved an ager on (0	ng departme on the Promeck the dates e note, VisitBequired. within the Telephone (1253) 47620	nt(s) regarding r nenade you will r requested are a lackpool's terms own Centre, per 4.	ny application: must immediately contact VisitBla available and also to check wheth and conditions will need to be si	er you gned
15 I u	(Us	Signature of Applierstand that I am requirement on telephone number will need to provide and a tramway activement of the Town Centre of the Town C	cant red to contact or hold a streer (01253) 4 insurance contact insurance contact or hold a streer Admin Ma	ct the following A collection 78231 to che cover. Please ay also be reserved an ager on (0	ng departme on the Promeck the dates e note, VisitBequired. within the Telephone (1253) 47620	nt(s) regarding r nenade you will r requested are a lackpool's terms own Centre, per 4.	ny application: must immediately contact VisitBla available and also to check wheth and conditions will need to be si	er you gned
15 I u	Us Pri	Signature of Applierstand that I am requirement on telephone number will need to provide and a tramway activement of the Town Centre If you are planning the from the Town Centre ual Signature	cant red to contact or hold a streer (01253) 4 insurance contact insurance contact or hold a streer Admin Ma	ct the following A collection 78231 to che cover. Please ay also be reserved an ager on (0	ng departme on the Promeck the dates e note, VisitBequired. within the Telephone (1253) 47620	nt(s) regarding r nenade you will r requested are a lackpool's terms own Centre, per 4.	ny application: must immediately contact VisitBla available and also to check wheth and conditions will need to be si	er you gned
15 I u	Us Pri	If Yes, please state AUTHORITY Signature of Applierstand that I am require on the I am require on telephone number will need to provide and a tramway active town Centre If you are planning the from the Town Centre ual Signature inted Name pacity	cant red to contact or hold a streer (01253) 4 insurance contact insurance contact or hold a streer Admin Ma	ct the following response to the following r	ng departme on the Promeck the dates e note, VisitBequired. within the Telephone (1253) 47620	nt(s) regarding r nenade you will r requested are a lackpool's terms own Centre, per 4.	ny application: must immediately contact VisitBla available and also to check wheth and conditions will need to be si	er you gned



APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name: JIM ALLAN - HELP FOR HEROES

Built Environment



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

Contact

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

1)	Applicant Det	<u>ails</u>	
	In what capaci	ty are you applying for a licence?	
		Pleas	se tick:
a)	An individual		Complete Section A
b)	A person other tha	n an individual	
	I. As a c	harity	Complete Section B
	II. Asali	imited company	Complete Section B
	III. Other		Complete Section B
		Applicant - lress and details of applicant for the licence v	who will be responsible for the collection
	Title:	Mrs Miss Ms Forename (s)	TAMES
	Surname	ALLAN	Date of Birth
	Home address		
		BLACKPOOL	
			Post Code F Y 3
	Telephone Number	Mobile Number	
	Number Email Address	Number	
			, ,
	B) Non-Individ	dual Applicant – Business, Society or Charity	responsible for the proposed Collection
	<u>Name</u>		
	Registered address		
			Post Code
	Telephone Number	Mobile Number	
	Email Address		
2)	Corresponden	ce Name and Address	
	<u>Name</u>	JIM ALLAN	
	Address		
		BLACK POOL	
			Post Code FY3
	Telephone Number	Mobile Number	
	Email Address	T T T T T T T T T T T T T T T T T T T	

3)	Name of charity or fund for which the Collection / Sale is being made.
	Name of Charity HELP FOR HEROES
	Address 14 PARKERS CLOSE, DOWNTON BUSINESS CENTRE, DOWNTON Post Code S P 5 3 R B
	Charity Registration Number (if applicable) 1/20920
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 VIA HAH GEZEBO
6)	How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?
	4
7)	Use to which proceeds of this collection are to be put.
	TO SUPPORT MEMBERS FOR ARMED FORCES
8)	Objects of the Charity or Fund.
	TO SUPPORT WOUNDED MEMBERS OF THE ARMED FORCES
9)	Date of Proposed Collection or Sale, and between what hours: NB Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection
	DATE 07/04/2017 BETWEEN WHAT HOURS FROM: 0900 TO: 1800

	ST J	OHNS	SQu.	ARE		
11) Are the whole of the	he receipts to be	e paid over for the b	enefit of the Cha	arity or fund?	
	YES NO	Tick as appropriate				
12			ns will be made (fo deducted. This can		any other purpose) and provide percentage.	a
	Total amount of re	ceipts Am	nount to be deducte	d	Reason for deduction.	
						-
13) Has a permit for a	Collection or Sa	ale for a similar obje	ct ever been ref	used?	
	YES NO	Tick as appropriate				
14) If Yes, please state	e by which Licer	nsing Authority, dat	e refused and re	ason given.	
	AUTHORITY	DA	TE		REASON	
15) Signature of Appli	cant				
Ιu	nderstand that I am requi	red to contact the	e following departme	nt(s) regarding my	y application:	
1)	on telephone numb	er (01253) 47823 insurance cover.	31 to check the dates Please note, VisitB	requested are av	ust immediately contact VisitBlackprailable and also to check whether yound conditions will need to be signe	you
2)	Town Centre If you are planning from the Town Cen	to hold a street co tre Admin Manag	ollection within the To ger on (01253) 47620	own Centre, perm 4.	ission should immediately be soug	ht
	Usual Signature	Ana2	1 .00			
		El.	Malle			
	Printed Name	JIM	ALLA	N.		
	Printed Name Capacity	JIM BLACKPO	ALLA DOL CITY	N County)	COORDIN ATOR	



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Applicants Name: JIM ALLAN-HELP FOR HEROES

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1)	Applicant De	<u>rails</u>
	In what capaci	ty are you applying for a licence?
		Please tick:
a)	An individual	Complete Section A
b)	A person other tha	n an individual
	l. As a d	Complete Section B
	II. As a I	mited company Complete Section B
	III. Other	Complete Section B
		Applicant - ress and details of applicant for the licence who will be responsible for the collection
	Title:	Mr Mrs Miss Ms Forename (s)
	<u>Surname</u>	Date of Birth
	Home address	
		Post Code
	Telephone	☎ Mobile
	Number	Number
	Email Address	
	B) Non-Indivi	dual Applicant – Business, Society or Charity responsible for the proposed Collection
	<u>Name</u>	JIM ALLAN
	Registered	
	address	
		BLACK POOL
		Post Code FY3
	Telephone Number	Mobile Number
	Email Address	i i i i i i i i i i i i i i i i i i i
		. ,
2)	Corresponden	ce Name and Address
	<u>Name</u>	JIM ALLAN
	Address	
		B1 001- 2001
		BLACK POOL
	₽ Tolonhono	Post Code F 7 3
		Number -
	Email Address	

3)	Name of charity or fund for which the Collection / Sale is being made.
	Name of Charity HELP FOR HEROS
	Address Add
	Charity Registration Number // 209 2 0
4)	The Street Collection will be for the collection of:
	Money Property Tick as appropriate
	If property is collected, is this to give away use or sell on behalf of charity please state:
	NA
5)	What method of collection is to take place? For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place.
	BUCKET COLLECTION WITH GAZEBO
6)	How many persons is it proposed to authorise to act as collectors in the area of the local authority to which the application is addressed?
	4
7)	Use to which proceeds of this collection are to be put.
	TO SUPPORT MEMBERS OF ARMED FORCES
8)	Objects of the Charity or Fund.
0)	
	TO SUPPORT WOUNDED MEMBERS OF THE ARMED FORCES
9)	Date of Proposed Collection or Sale, and between what hours: NB Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection
	DATE 12/05/2017 BETWEEN WHAT HOURS FROM: 09 00 TO: 1800

	ST JO	HNS SQU	RE
11	Are the whole of the recei	pts to be paid over for the bene	fit of the Charity or fund?
	YES NO Tick as ap	ppropriate	
12		deductions will be made (for e h will be deducted. This can be	xpenses or any other purpose) and provide a shown as a percentage.
	Total amount of receipts	Amount to be deducted	Reason for deduction.
13	B) Has a permit for a Collect	ion or Sale for a similar object e	ver been refused?
	YES NO Tick as an	ppropriate	
14	f) If Yes, please state by wh	ich Licensing Authority, date re	fused and reason given.
			REASON
	AUTHORITY	DATE	REAGON
	AUTHORITY	DATE	REAGON
	AUTHORITY	DATE	REAGON
15	5) Signature of Applicant		
	5) Signature of Applicant understand that I am required to c Promenade If you are planning to hold a on telephone number (0125)	ontact the following department(s) a street collection on the Promena 53) 478231 to check the dates req ace cover. Please note, VisitBlack	
Ιu	Signature of Applicant understand that I am required to concept of Promenade If you are planning to hold a on telephone number (012) will need to provide insurar and a tramway activity perromagnetic of Town Centre If you are planning to hold a	ontact the following department(s) a street collection on the Promena 53) 478231 to check the dates require cover. Please note, VisitBlack nit may also be required.	regarding my application: de you will must immediately contact VisitBlackpoouested are available and also to check whether you
1 u	Signature of Applicant understand that I am required to concept of Promenade If you are planning to hold a on telephone number (012) will need to provide insurar and a tramway activity perromagnetic of Town Centre If you are planning to hold a	ontact the following department(s) a street collection on the Promena 53) 478231 to check the dates require cover. Please note, VisitBlack nit may also be required. a street collection within the Town	regarding my application: de you will must immediately contact VisitBlackpoo uested are available and also to check whether you pool's terms and conditions will need to be signed
1 u	Signature of Applicant understand that I am required to concept of the promenade If you are planning to hold a contelephone number (012) will need to provide insurar and a tramway activity perromagnetic of the promote of the promot	ontact the following department(s) a street collection on the Promena 53) 478231 to check the dates require cover. Please note, VisitBlack nit may also be required. a street collection within the Town	regarding my application: de you will must immediately contact VisitBlackpoo uested are available and also to check whether you pool's terms and conditions will need to be signed
1 u	Signature of Applicant understand that I am required to concentrate If you are planning to hold a on telephone number (012) will need to provide insurar and a tramway activity perromagnetic Town Centre If you are planning to hold a from the Town Centre Adm	ontact the following department(s) a street collection on the Promena 53) 478231 to check the dates require cover. Please note, VisitBlack nit may also be required. a street collection within the Town	regarding my application: de you will must immediately contact VisitBlackpoo uested are available and also to check whether you pool's terms and conditions will need to be signed Centre, permission should immediately be sought



APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name: JIM ALLAN - HELP FOR HEROLS

Built Environment

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

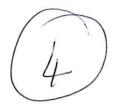
Contact

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

1)	Applicant Det	<u>ails</u>
	In what capacit	y are you applying for a licence?
		Please tick:
a)	An individual	Complete Section A
b)	A person other tha	n an individual
	I. As a c	harity Complete Section B
	II. As a li	mited company Complete Section B
	III. Other	Complete Section B
	A) Individual A	Applicant -
	Name, Add	ress and details of applicant for the licence who will be responsible for the collection
	Title:	Mr Mrs Miss Ms Forename (s)
	Surname	Date of Birth
	Home address	
		Post Code
	★ Telephone	☎ Mobile
	Number Email Address	Number
	Email Address	
	B) Non-Individ	lual Applicant – Business, Society or Charity responsible for the proposed Collection
	<u>Name</u>	JIM ALLAN
	Registered	
	address	(2)
		BLACKPOOL
	G Talankana	Post Code F 4 3
	Telephone Number	Mobile Number
	Email Address	
2)	Correspondence	ce Name and Address
	<u>Name</u>	JIM ALLAN
	Address	
		BLACKPOOL
		Post Code F 73
	☎ Telephone	☐ Mobile
	Number Email Address	Number
	Liliali Address	, ,

Name of charit	or fund for which the Co	ollection / Sale is being ma	ide.
Name of Charity	MELP FOR	MEROES	
	14 PARKERS	CLOSE, DOI	norm
Address		CONTRE	
		Post C	The state of the s
Charity Registrati (if applicable)	on Number	20920	
The Street Coll	ection will be for the colle	ection of:	
Money	Property		
\sim		Tick as appropriate	
If property is co	ollected, is this to give aw	ray use or sell on behalf of	f charity please state:
	\hat{\chi}	1/19	
What method o	of collection is to take place	ce?	
For example w	ill it be a bucket collection	n, line of coins, or entertai	inment / specific event? Please pro
		at is proposed to take plac	
BUCKE	T COLLECTION	WITH GAZER	SO
	sons is it proposed to au	uthorise to act as collecte	ors in the area of the local authorit
		<u></u>	
Use to which p	roceeds of this collection	are to be put.	
TO 5	UPPORT MED	REPS LEST NO	MED FORCES
	S. C. T. T. C. T.	ISERS OF FIRE	HEB POPCES
Objects of the	Charity or Fund.		
TO S	MPPORT WOU	INDED MEMI	BERS OF
THE	ARMED FORCE	NOTED MEM	
Date of Propos	ed Collection or Sale, and	hetween what hours	
		eipt of your application at	least 28 days prior to the
	oposed collection		-
DATE	14/07/2017	BETWEEN WHAT HOURS	FROM: 6900
	15/07/2017	1	TO: 1800
l	. 1	J	

		ST	50	uns square	
11)	Are the whole of th	ne receipts	to be paid over for the benefit of the Ch	narity or fund?
		YES NO	Tick as appropr	iate	
12	2)			uctions will be made (for expenses or I be deducted. This can be shown as a	
		Total amount of re	ceipts	Amount to be deducted	Reason for deduction.
13	3)	Has a permit for a	Collection of	or Sale for a similar object ever been re	fused?
		YES NO	Tick as appropr	iate	
14)	If Yes, please state	e by which l	icensing Authority, date refused and r	eason given.
14	!)	If Yes, please state	e by which l	icensing Authority, date refused and r	eason given.
14)		e by which l		
14					
15	i)	AUTHORITY Signature of Applic	cant		REASON
15	i)	Signature of Applications and that I am requirements of Promenade If you are planning to on telephone number	cant red to contact to hold a streer (01253) 4 insurance co	ct the following department(s) regarding meet collection on the Promenade you will no 78231 to check the dates requested are abover. Please note, VisitBlackpool's terms	ny application: nust immediately contact VisitBlackpool available and also to check whether you
15 I u	i) Inde	Signature of Applications and that I am requirement on telephone number will need to provide and a tramway activement of the source of the sou	cant red to contact to hold a streer (01253) 4 insurance covity permit me	ct the following department(s) regarding meet collection on the Promenade you will no 78231 to check the dates requested are abover. Please note, VisitBlackpool's terms	ny application: nust immediately contact VisitBlackpool available and also to check whether you and conditions will need to be signed
15 I u 1)	i) inde	Signature of Applications and that I am requirement on telephone number will need to provide and a tramway activement of the source of the sou	cant red to contact to hold a streer (01253) 4 insurance covity permit me	ct the following department(s) regarding meet collection on the Promenade you will nationally to check the dates requested are abover. Please note, VisitBlackpool's terms ay also be required.	ny application: nust immediately contact VisitBlackpool available and also to check whether you and conditions will need to be signed
15 I u 1)	(Us	Signature of Applierstand that I am requirement on telephone number will need to provide and a tramway active Town Centre If you are planning the from the Town Centre from the Town Centre If you are planning the Town Centre II you are planning the II you are planning th	cant red to contact to hold a streer (01253) 4 insurance covity permit meto hold a street Admin Ma	ct the following department(s) regarding meet collection on the Promenade you will nationally to check the dates requested are abover. Please note, VisitBlackpool's terms ay also be required.	ny application: nust immediately contact VisitBlackpool available and also to check whether you and conditions will need to be signed
15 I u 1)	Us Pri	Signature of Applications and that I am requirement on telephone number will need to provide and a tramway active Town Centre If you are planning to from the Town Centre ual Signature	cant red to contact to hold a streer (01253) 4 insurance covity permit meto hold a street admin Ma	ct the following department(s) regarding more than the following department of the fol	ny application: nust immediately contact VisitBlackpool available and also to check whether you and conditions will need to be signed



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Applicants Name: JIM ALLAN - HELP FOR HEROES

Built Environment

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

Contact

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

1)	<u>Applicant</u>	: Details
	In what ca	pacity are you applying for a licence?
		Please tick:
a)	An individual	Complete Section A
b)	A person othe	r than an individual
	I. A	s a charity Complete Section B
	II. A	s a limited company Complete Section B
	III. O	ther Complete Section B
	A) Individ	Luci Applicant
	A) Individ Name,	lual Applicant - Address and details of applicant for the licence who will be responsible for the collection
	Title:	Mr Mrs Miss Ms Forename (s)
	Surname	Date of Birth
	Home addres	<u>ss</u>
		Post Code
	Telephone	
	Number	Number
	Email Addres	ss
	B) Non-In	dividual Applicant – Business, Society or Charity responsible for the proposed Collection
	Name	JIM ALLAN
	Registered address	
		BLACKPOOL
		Post Code
	Telephone	Mobile Number
	Number Email Addres	
2)	Correspor	ndence Name and Address
	Name	JIM ALLAN
	Address	
		RIPCK POOL
		Post Code
	Telephone	
	Number	Number -
	Email Addres	SIGNAT TO THE PROPERTY OF THE
LS	/D/520/2/10	

3)	Name of charity	y or fund for which the Col	lection / Sale is being ma	ade.
	Name of Charity	WELP FO	OR HEROES	
		14 PARLERS	CLOSE	
	Address	DOWNTON &	Bysiness ci	ENTRE
		DOWNTON	Post	
	Charity Registrati (if applicable)	on Number	0920	
4)		ection will be for the collec	ction of:	
	Money	Property	Tick as appropriate	
	If property is co	ollected, is this to give awa	 ny use or sell on behalf o	f charity please state:
		NIA		
5)	What method o	of collection is to take place	e?	
		ill it be a bucket collection f the type of collection tha		inment / specific event? Please provide ce.
	Ru	CVET COLLE	enon wi	M GAZEBO
6)		sons is it proposed to au ication is addressed?	thorise to act as collect	ors in the area of the local authority to
			4	
7)	Use to which p	roceeds of this collection	are to be put.	
	TO SI	UPPORT ME	mbers of	FARMED
8)	Objects of the	Charity or Fund.		
	TO SU	SPORT WOUR	DED MEN	NBORS
9)	Date of Propos	ed Collection or Sale, and	between what hours:	
- 1	NB Please no	ote that we must be in rece roposed collection		least 28 days prior to the
	DATE	8/09/2017	BETWEEN WHAT HOURS	FROM: 0900
		9/09/2017		то: 1800

10)	Locality within wh	Locality within which it is proposed to make the Collection or Sale.			
	51	50	nns saua	RE	
11)	YES NO	he receipts	to be paid over for the benefit o	of the Charity or fund	?
12)			uctions will be made (for expe I be deducted. This can be sh		
	Total amount of re	eceipts	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 appropr	iate		
14)) If Yes, please stat	e by which l	icensing Authority, date refus	ed and reason given.	
	AUTHORITY		DATE	REASON	
15)) Signature of Appl	icant			
l u	nderstand that I am requ	ired to conta	ct the following department(s) reg	garding my application:	
1)	on telephone numb will need to provide	oer (01253) 4 e insurance c	eet collection on the Promenade 78231 to check the dates reques over. Please note, VisitBlackpoo ay also be required.	ted are available and a	also to check whether you
2)			eet collection within the Town Ce anager on (01253) 476204.	ntre, permission should	I immediately be sought
	Usual Signature	A.	DI AM	20	
	Printed Name	51	m ALLAN		
	Capacity	BLAC	LPOOL CITY (COUNT	ir) coordin	ATOR
	Date	02	01 2017		



TO WHOM IT MAY CONCERN

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

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

Signed....

Sarah Ferguson, National Volunteer Manager Help for Heroes

Receive.

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

KAREN

ROTUWELL



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

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

1)	Applicant Det	<u>ails</u>
	In what capacit	y are you applying for a licence?
	iii wiidt oapaoit	Please tick:
a)	An individual	Complete Section A
b)	A person other tha	n an individual
	I. As a c	
	II. Asali	mited company Complete Section B
		Complete Section B
	III. Other	Complete Section B
	A) Individual A Name, Add	Applicant - ress and details of applicant for the licence who will be responsible for the collection Mr Mrs Miss Ms Forename (s)
	Surname	ROTUWELL Date of Birth
		2010000
	Home address	
		Post Code F 76
	Telephone	≅ Mobile
	Number	Number
	Email Address	Karen, Eumer 47 2 hotmail Co.UC
	B) Non-Individ	dual Applicant – Business, Society or Charity responsible for the proposed Collection
	<u>Name</u>	BRITISH LUNG FOUNDATION.
	Registered	The second property of
	address	73-75 GOSWELL ROAD
		LONDON
		Post Code ECIVER
	★ Telephone	Mobile Mocification
	Number	020-7078-7912 Number 0207688 SSSS
	Email Address	eventsabl f.org.uic
2)	Corresponden	ce Name and Address
	<u>Name</u>	KAREN ROTUWELL.
	Address	
	<u>Address</u>	H ————
		Post Code F 7 6
	★ Telephone	Mobile S Mobile
	Number	Number
	Email Address	

3) Name of charity or fund for which the Collection / Sale is being made. BRITISH LUNG FOUNDATION Name of Charity -75 GOSWELL ROAD Address ONDON **Post Code Charity Registration Number** 326730 (if applicable) The Street Collection will be for the collection of: 4) Money **Property** Tick as appropriate If property is collected, is this to give away use or sell on behalf of charity please state: 5) What method of collection is to take place? For example will it be a bucket collection, line of coins, or entertainment / specific event? Please provide a description of the type of collection that is proposed to take place. BUCKET COLECTION How many persons is it proposed to authorise to act as collectors in the area of the local authority to 6) which the application is addressed? 7) Use to which proceeds of this collection are to be put. TO SUPPORT TENS OF THOUSANDS OF PEOPLE TUROUGHOUT THE UK WITH LUNG DISGASE Objects of the Charity or Fund. TO SUPPORT SUFFERS + FAMILIES FUND RESEARCH INTO NEW TREATMONTS 9) Date of Proposed Collection or Sale, and between what hours: Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection **BETWEEN WHAT** 12/6/4/17 DATE FROM: 10.00 **HOURS**

TO:

5-00

	YES NO	Tick as appropria	ate	
12)			ctions will be made (for expenses or be deducted. This can be shown as a	
	Total amount of re	eceipts	Amount to be deducted	Reason for deduction.
13)	Has a permit for a	Collection o	r Sale for a similar object ever been re	fused?
	YES NO	Tick as appropria	ate	
14)		e by which L	icensing Authority, date refused and r	1497
	AUTHORITY		DATE	REASON
15) I un 1)	Promenade If you are planning on telephone numb	to hold a street (01253) 47	et the following department(s) regarding met collection on the Promenade you will not not check the dates requested are a cover. Please note, VisitBlackpool's terms ay also be required.	nust immediately contact VisitBlackpool
2)	Town Centre If you are planning	to hold a stre	et collection within the Town Centre, perranager on (01253) 476204.	mission should immediately be sought
	Usual Signature		Rowell	4
	Printed Name	KAR	LEN ROTUNEU	
	Capacity	Vou	ONTEER COLLECTOR	2
	Date	11	02 17,	
LS/	D/520/2/10			

PROMENADE - NORTH, SOUTH + CENTRAL

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

10)



Blackpool

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

<u>licensing@blackpool.gov.uk</u> Telephone: 01253 478397

* required information

Section 1 of 10		
You can save the form at any	y time and resume it later. You do not need to l	pe logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	Make-A Wish Blackpool	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on b	pehalf of the applicant?	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	Lucy	
* Family name	Leeming	
* E-mail	lucy.leeming@makeawish.org.uk	
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wo	ould prefer not to be contacted by telephone	
Are you:		
Applying as a businessApplying as an individ	s or organisation, including as a sole trader lual	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?		
* Is your business registered outside the UK?		
* Business name		If your business is registered, use its registered name.
* VAT number		Put "none" if you are not registered for VAT.
* Legal status	Please select	

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

Continued from previous page	
* Provide a brief description	of the organisation and its objectives
Make-A Wish grants magical condition.	wishes to enrich the lives of children and young people who are living with a life threatening
* Are the proceeds of the col	lection to benefit this organisation?
Yes	○ No
* Is this organisation a regist	ered charity?
Yes	○ No
* Registration number	295672
* What are the proceeds of the	ne collection to be used for?
To grant magical wishes	
Section 4 of 10	
CHARITY, FUND OR ORGAN	ISATION TO BENEFIT FROM THE COLLECTION
* Is another organisation goi	ng to benefit from your collection?
○ Yes	No
Section 5 of 10	
TYPES OF COLLECTION	
* What type(s) of collection v	vill you be performing?
A street collection	
○ A house-to-house coll	ection
 Both street and house 	-to-house collections
Street Collection	
	es and conditions before completing this section. Some of the questions may not be relevant to esponses may have to provide very specific information.
Where	
* In what parts of this author	ity's area do you intend to carry out the collection?
Town centre	
When	
* Preferred dates for the collection	Saturday 10th June 2017
Alternative dates	

Continued from previous page	
* During what hours of the	10am - 6pm
day will the collection be held?	Toairi - opiri
Collectors	
* How many people do you	
plan to authorise as	15
collectors?	
* How will the collectors be ide	entifiable? (provide details of badge, certificate of authority etc)
Make-A Wish t-shirts, badges of	r tabards and collection buckets.
What	
Check for local guidance notes	which may clarify what is allowable in your area and whether additional permissions or
licences are required.	
* Do you plan to hold the colle	ction in conjunction with a carnival, procession or other event?
○ Yes	No
* Do you intend to offer anythi	ng 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 proceeds and deductions?	of return will you submit, giving details of
Street collection only	
Section 7 of 10	
PREVIOUS APPLICATIONS	
* Have you, or any person nam registration? (check all that app	ed in or associated with this application, previously applied for a similar licence or oly)
⊠ No	Yes - application granted and revoked
Yes - application granted	☐ Yes - application refused
Section 8 of 10	
CONVICTIONS	
* Have you, or any person nam	ed 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		
	mation which is required or relevant to your application (check for local guidance notes and de details of specific requirements in your area)	
Section 10 of 10		
DECLARATION		
* house colllection regulatio	icence be granted to me the collection must take place in strict compliance with the house-to- ins and/or the street collection regulations as appropriate. I am aware that it is also necessary of form of statement within 28 days of the collection taking place.	
This data may be made ava to other departments with	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 indic	cates you have read and understood the above declaration	
This section should be comp behalf of the applicant?"	pleted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on	
* Full name	Lucy Leeming	
* Capacity	Regional Fundraising Manager	
* Date	24 / 10 / 2016 dd mm yyyy	
	Add another signatory	
	nputer by clicking file/save as 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	Make-A Wish Blackpool
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	<u>5 6 7 8 9 10</u> Next >

APPLICATION FOR A STREET COLLECTION PERMIT

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



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

Contact

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

1)	Applicant D	<u>etails</u>													
	In what capa	city are you ap	plying	for a lie	cence?										
						Ple	Please tick:								
a)	An individual							Comple	te Sect	tion A					
b)	A person other t	han an individ	ual												
	I. As a	a charity						/							
	II. As a	a limited comp	any			Γ		Comple	te Sect	tion B					
	III. Oth	er						Comple	te Sect	tion B					
						L									
		al Applicant - ddress and det	tails of	applica	nt for t	he licence	e wh	o will be re	spor	nsib	le fo	r the	col	lecti	on
	Title:	Mr Mrs	Miss	Ms	Forer	name (s)									
	0					· , ,	<u>ا</u>	-tCD'-th	F						
	<u>Surname</u>						<u>ט</u>	ate of Birth							
	Home address														
							Po	ost Code							
	Telephone Number				2	Mobile Number				l .					1
	Email Address					Humber									
	B) Non-Indi	vidual Applica Sense	nt – Bu	siness,	Societ	y or Chari	ity re	esponsible	for t	he p	ropo	osed	Col	lecti	ion
	<u>Name</u>	Sense													
	Registered address	101 Penton	wille Ro	ad Lon	don										
	<u>auuress</u>	TOT I CITION	IVIIIC IXO	au, Lon	4011										
							D,	ost Code	N	1		9	L	G	
	≅ Telephone	01924 203318			2	Mobile] ' '	<u>Jst Code</u>	13			3	_		
	Number	DAVID.STEELE	@SENSE.	ORG.UK		Number									
	Email Address														
2)	Carrage	Nome one	J A alalma												
2)	•	ence Name and David Stee		·SS											
	<u>Name</u>														
	<u>Address</u>	Sense, Pen	nberton	House,	122 W	estgate, W	/ake	field							
		,		,		· ·									
							Po	ost Code	w	F	1		1	Х	Р
	★ Telephone	01924 203318			2										
	Number Email Address	DAVID.STEELE	@SENSE.	ORG.UK		Number									
	Liliali Addit55	1													

Name of Charity	se										
	101 Pentonville	Road									
Address	London	London									
				Post Code	N 1	9 L					
				rosi code		9 2					
Charity Registrat (if applicable)	ion Number	289868									
The Street Col	lection will b	oe for the collect	ion of:								
Money	/	Property	7								
/			Tick as appropriate								
If property is c	ollected, is t	this to give away	use or sell on be	half of charit	y please stat	e:					
What method	of collection	is to take place	?								
		•		ntortoinmont	/ specific ov	ont? Blooco					
			line of coins, or e is proposed to ta		/ specific ev	ent? Please					
Bucket collection	n during a w	alk from South Pie	er to North Pier in	Blackpool.							
which the appl	ication is ac		norise to act as o	collectors in t	the area of th	ne local auth					
Up to 12 people	;										
Use to which p	proceeds of	this collection ar	re to be put.								
To help Sense t	o continue to	support deafblin	d and sensory imp	aired people.							
	Charity or F	und.									
Objects of the											
Objects of the	nal charity th	nat supports peop	le who are deafblir	nd have senso	ory impairmen	ts or					
Sense is a nation		nat supports peop re independent liv	le who are deafblir	nd, have senso	ory impairmen	ts or					
Sense is a nation				nd, have senso	ory impairmen	ts or					
Sense is a nation				nd, have sensc	ory impairmen	ts or					
Sense is a nation				nd, have senso	ory impairmen	ts or					
Sense is a nation complex needs,	to enjoy mo	re independent liv			ory impairmen	ts or					
Sense is a nation complex needs, Date of Propose NB Please no	to enjoy mo	re independent liv on or Sale, and b must be in receip	res.	rs:							
Sense is a nation complex needs, Date of Propose NB Please no date of propose date date date date date date date dat	sed Collection	on or Sale, and but the second	etween what hou	rs: ion at least 2	8 days prior						
Sense is a nation complex needs, Date of Propose NB Please no	sed Collection	re independent liv on or Sale, and b must be in receip	etween what hou	rs: ion at least 2							

		Tick as appropri	ate							
12)) If no, please state estimate of the su					r any other purpose) and provid a percentage.	e an			
	Total amount of re	eceipts	Amount to	be deduct	ed	Reason for deduction.				
13)) Has a permit for a	Collection of	or Sale for a	similar ob	ject ever been re	efused?				
	YES NO	Tick as appropri	ate							
14)) If Yes, please state	e by which L	icensing A	uthority, da	ate refused and	reason given.				
	AUTHORITY		DATE			REASON				
15) I ui) Signature of Appli		et the followin	ng departme	ent(s) regarding r	ny application:				
1)	on telephone numb	er (01253) 47 insurance co	78231 to che over. Please	eck the date note, Visitl	s requested are a	must immediately contact VisitBlack available and also to check whether and conditions will need to be signe	you			
2)	Town Centre If you are planning from the Town Cen					mission should immediately be soug	jht			
	Usual Signature									
	Printed Name	DAVID ST	DAVID STEELE							
	Capacity	SENIOR C	OMMUNITY	Y FUNDRA	ISING MANAGE	R				
	Date	13	2	2017						
LS	/D/520/2/10									

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

Blackpool promenade (between South Pier and North Pier)

NO

10)

1 8 JAN 2017

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name: Andy Power



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

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

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

							Post Code	M	2	4		2	Р	E
	Telephone Number		V 10			Mobile Number				1			L	
	Email Address													
3)	Name of charity	y or fund	for v	which th	e Colle	ction / Sale is b	eing made.							
	Name of Charity													
			846 <u>- 446-</u> 017-0											
	Address													
						- 17 July 10 Section 1971	Post Code							
	Charity Registration (if applicable)	on Numb	ber				N 4 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
4)	The Street Colle	ection w	ill be	for the	collecti	on of:								
	Money x			Propert	ty									
						Tick as appropria	te							
	If property is co	ollected,	is thi	s to give	e away	use or sell on b	ehalf of charit	ty ple	ease	sta	ite:			

5)	What method o				-					•		. DI-		
	For example wi a description of							/sp	ecit	ic e	vent	Ple	ase	provid
	Ten Veterans w They will arrive i										of 24	to 2	5 Jui	ne 201
	Prior to the Serv funds for their ch							ne Ce	enot	aph	and	aim t	o ra	ise mo
	All of the Walker	rs will the	n take	e part in	the Cere	emonial Parade.								
6)	How many pers					orise to act as	collectors in 1	the a	rea	of	the lo	ocal	auth	ority
	14					***************************************								
7)	Use to which p	roceeds	of thi	s collec	tion are	to be put.	 							
	Charity fundraising	for SSAFA	A and i	Broughtor	n House -	no beneficiaries to	the Veterans			· ·				
)	Objects of the 0	Charity o	r Fur	nd.										
	Please contact us,	we are not	sure v	vhat addit	ional info	you need.								
				147			87-15(f) (199-1-199) (199-1-199) (199-1-199) (199-1-199) (199-1-199) (199-1-199) (199-1-199) (199-1-199) (199-							

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

LS/D/520/2/10

	date of pro	posed collect	tion	, , , , , , , , , , , , , , , , , , , ,	, . ,	
	DATE	25 th June	2017	BETWEEN WHAT HOURS	FROM: 7 am	
					TO:11 am	
10)	Locality within v	vhich it is pro	posed to m	ake the Collection or Sale.		
	FROM THE MAN	CHESTER PU	IBLIC HOUS	E, PROMENADE TO THE	CENOTAPH ON THE PROM	ENADE
11)	Are the whole of	the receipts	to be paid o	ver for the benefit of the C	Charity or fund?	
	YES NO	Tick as appropr	iate			
12)				be made (for expenses of ed. This can be shown as	or any other purpose) and a percentage.	l provide ai
	Total amount of	receipts	Amount to	be deducted	Reason for deduction.	
13)	Has a permit for	a Collection o	or Sale for a	similar object ever been r	refused?	
	YES NO X	Tick as appropri	ate			
14)	If Yes, please sta	ate by which L	icensing A	uthority, date refused and	reason given.	
	AUTHORITY		DATE		REASON	
15)	Signature of App	licent				
	-	uired to contac	t the following	ng department(s) regarding i	my application:	
1)	on telephone num	ber (01253) 47 le insurance co	78231 to che over. Please	ck the dates requested are note, VisitBlackpool's terms	must immediately contact Vis available and also to check v s and conditions will need to	vhether you

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

A POWER

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

LS/D/520/2/10

Town Centre

Usual Signature

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

Printed Name		
Capacity		
Date		

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

REBECCA SCOTT



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

Contact

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



1)	Applicant Det	<u>tails</u>
	In what capaci	ty are you applying for a licence?
		Please tick:
a)	An individual	Complete Section A
b)	A person other tha	an an individual
	I. As a c	Charity Complete Section B
	II. Asali	imited company Complete Section B
	III. Other	Complete Section B
		Applicant - Iress and details of applicant for the licence who will be responsible for the collection
	Title:	Mr Mrs Miss Ms Forename (s)
	Surname	Date of Birth
	Home address	
		Post Code
	Telephone Number	Mobile Number
	Email Address	Number
	B) Non-Individ	dual Applicant – Business, Society or Charity responsible for the proposed Collection
	<u>Name</u>	Alzheiner's Society.
	Registered address	43-44 Crutched Friors
		London
		Post Code & CJN2AE
	Telephone Number	0300 333 0804 Mobile Number
	Email Address	rebecea. Saoth @ alzheimers.org.uk.
		O
2)	Corresponden	ce Name and Address
	<u>Name</u>	Rebecca Scott
	<u>Address</u>	Alzheiner's Society, Room 1, Grand Floor,
		The Beacon, Westgate Road, Newcastle Upon Tyre
		Post Code NE49PQ
	Telephone Number	DIAL 298 3989 Mobile Number
	Email Address	relocce, soft @alzhoimer, org. uk

Name of charit	y or fund for which the Colle	ction / Sale is being m	ade.
Name of Charity	Alzheinet Socie	ety	
	43-44 Crutch	ed frias	
Address	Condon		Bankhamas
		Post	Code & CJNZAE
Charity Registrat (if applicable)	ion Number 2 96643	5	
The Street Col	lection will be for the collecti	ion of:	
Money	/ Property		
		Tick as appropriate	
If property is c	ollected, is this to give away	use or sell on behalf o	f charity please state:
4/11			
What method o	of collection is to take place?	,	
a description of	of the type of collection that i	s proposed to take pla	ce.
Bucket col	lection at Memory	Walk event, tab	ing place at Tower Headland,
Bladepool	Promenade.		
		orise to act as collect	tors in the area of the local authority t
20			
_			
Continue 1	10 sypport research	and formulies affi	ected by deventia.
Objects of the	Charity or Fund.		
To lead t	he fight against da	venha.	
Date of Propos	sed Collection or Sale, and b	etween what hours:	
		t of your application a	t least 28 days prior to the
DATE	8th actobr 2017	BETWEEN WHAT	FROM: 8 am
	0 000000 2011	HOURS	110101. 0 0401
	Address Charity Registrati (if applicable) The Street Coll Money If property is continued to the description of the application of the continued to the continued to the application of the continued to the continued	Name of Charity A 12 heimer Social Address	Address Charity Registration Number 296645 Charity Registration Number 296645 The Street Collection will be for the collection of: Money

	Tick as approp	riate				
12)	If no, please state what ded estimate of the sum which wi				any other purpose) and provide percentage.	ar
	Total amount of receipts	Amount to	be deducted		Reason for deduction.	
	·					
13)	Has a permit for a Collection	or Sale for a s	similar object e	ever been re	fused?	
	YES NO Tick as approp	riate				
14)	If Yes, please state by which	Licensing Au	thority, date re	fused and r	eason given.	
	AUTHORITY	DATE			REASON	
15) I unde	Signature of Applicant	ct the following	g department(s) regarding m	y application:	
1)	on telephone number (01253) 4	78231 to chec cover. Please	ck the dates req note, VisitBlack	uested are a	nust immediately contact VisitBlackpo vailable and also to check whether yo and conditions will need to be signed)U
2)	Town Centre If you are planning to hold a str from the Town Centre Admin M			Centre, pern	nission should immediately be sough	Ċ
Us	ual Signature 📗	t t				
Pri	inted Name Reb	ecca Sa	cott Ic Officer			
Ca	pacity Me/V	voy Wal	k Officer			
Da	te OS	01	2017			
LS/D/5	320/2/10					

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

an

Tower Headland, Bladepool Promenade.

10)

11)

YES

NO