

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:	SAMANTHA QUILTY
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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>	FUTURE SENSE FOUNDATION											
<u>Registered address</u>	TOWN HALL, MARKET PLACE NEWBURY											
					<u>Post Code</u>	R	Q	1	4	5	A	A
☎ Telephone Number	01635285669			☎ Mobile Number	N/A							
Email Address	SUPPORT@FUTURESENSEFOUNDATION.ORG											

2) **Correspondence Name and Address**

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

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

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

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

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

Tick as appropriate

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

5) What method of collection is to take place?

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

BUCKET COLLECTION

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

UP TO 20

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

SUPPORTS OUR PROJECTS

8) Objects of the Charity or Fund.

SUPPORTS DISADVANTAGED COMMUNITIES AROUND THE WORLD.

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

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

DATE	25/3/2017
	26/3/2017

BETWEEN WHAT HOURS

FROM:	9am
TO:	5pm

Can I have the 25th as Marie Claire collecting then

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

CITY CENTRE

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

YES	NO
✓	

Tick as appropriate

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

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

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

YES	NO
	✓

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

1) **Promenade**

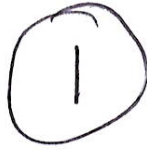
If you are planning to hold a street collection on the Promenade you will must immediately contact VisitBlackpool on telephone number (01253) 478231 to check the dates requested are available and also to check whether you will need to provide insurance cover. Please note, VisitBlackpool's terms and conditions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

2) **Town Centre**

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

Usual Signature	S. Quilty		
Printed Name	SAMANTHA QUILTY		
Capacity	FUNDRAISING SUPPORT		
Date	22	02	2017

Blackpool Council



APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JIM ALLAN - HELP FOR HEROES

Built Environment

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

Contact

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



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

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

A) Individual Applicant -

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

Title:	<input checked="" type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms	Forename (s)	JAMES		
Surname	ALLAN		Date of Birth	[REDACTED]	
Home address	[REDACTED]				
	BLACKPOOL				
		Post Code	FY3 [REDACTED]		
☎ Telephone Number	[REDACTED]		☎ Mobile Number	[REDACTED]	
Email Address	[REDACTED]				

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

Name	[REDACTED]				
Registered address	[REDACTED]				
		Post Code	[REDACTED]		
☎ Telephone Number	[REDACTED]		☎ Mobile Number	[REDACTED]	
Email Address	[REDACTED]				

2) Correspondence Name and Address

Name	JIM ALLAN				
Address	[REDACTED]				
	BLACKPOOL				
		Post Code	FY3 [REDACTED]		
☎ Telephone Number	[REDACTED]		☎ Mobile Number	[REDACTED]	
Email Address	[REDACTED]				

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

Name of Charity	HELP FOR HEROES						
Address	14 PARKERS CLOSE, DOWNTON						
	BUSINESS CENTRE, DOWNTON						
	Post Code	S	P	5	3	R	B
Charity Registration Number (if applicable)	1120920						

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

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

Tick as appropriate

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

VIA

5) What method of collection is to take place?

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

BUCKET COLLECTION VIA H4H GEZEBO

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

4

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

TO SUPPORT MEMBERS FOR ARMED FORCES

8) Objects of the Charity or Fund.

TO SUPPORT WOUNDED MEMBERS OF THE ARMED FORCES

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

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

DATE

07/04/2017
08/04/2017

BETWEEN WHAT HOURS

FROM: 0900
TO: 1800

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

ST JOHNS SQUARE

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

YES	NO
✓	

Tick as appropriate

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

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

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

YES	NO
	✓

Tick as appropriate

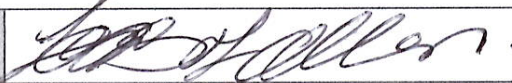
14) If Yes, please state by which Licensing Authority, date refused and reason given.

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

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

Usual Signature	
Printed Name	JIM ALLAN
Capacity	BLACKPOOL CITY(COUNTY) COORDINATOR
Date	02 01 2017

Blackpool Council

2

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JIM ALLAN- HELP FOR HEROES

Built Environment

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

Contact

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



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

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

A) **Individual Applicant -**

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

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

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

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

2) **Correspondence Name and Address**

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

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

Name of Charity	HELP FOR HEROES		
Address	14 PARKERS CLOSE, DOWNTON		
	BUSINESS CENTRE, DOWNTON		
	Post Code	SP5	3RB
Charity Registration Number (if applicable)	11 209 20		

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

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

Tick as appropriate

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

N/A

5) What method of collection is to take place?

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

BUCKET COLLECTION WITH GAZEBO

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

4

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

TO SUPPORT MEMBERS OF ARMED FORCES

8) Objects of the Charity or Fund.

TO SUPPORT WOUNDED MEMBERS OF THE ARMED FORCES

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

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

DATE

12/05/2017
13/05/2017

BETWEEN WHAT HOURS

FROM: 0900
TO: 1800

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

ST JOHNS SQUARE

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

YES	NO
✓	

Tick as appropriate

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

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

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

YES	NO
	✓

Tick as appropriate


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

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

Usual Signature			
Printed Name	JIM ALLAN		
Capacity	BLACKPOOL CITY (COUNTY) COORDINATOR		
Date	02	01	2017

Blackpool Council

3

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JIM ALLAN - HELP FOR HEROES

Built Environment

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

Contact

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



1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

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

A) **Individual Applicant -**

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

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

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

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

2) **Correspondence Name and Address**

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

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

Name of Charity	HELP FOR HEROES				
Address	14 PARKERS CLOSE, DOWNTON				
	BUSINESS CENTRE DOWNTON				
	Post Code	S	P	5	3RB
Charity Registration Number (if applicable)	1120920				

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

Money	Property
✓	

Tick as appropriate

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

N/A

5) What method of collection is to take place?

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

BUCKET COLLECTION WITH GAZEBO

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

4

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

TO SUPPORT MEMBERS OF ARMED FORCES

8) Objects of the Charity or Fund.

TO SUPPORT WOUNDED MEMBERS OF THE ARMED FORCES

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

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

DATE	14/07/2017
	15/07/2017

BETWEEN WHAT HOURS

FROM:	0900
TO:	1800

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

ST JOHNS SQUARE

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

YES	NO
✓	

Tick as appropriate

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

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YES	NO
	✓

Tick as appropriate

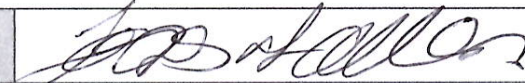
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AUTHORITY	DATE	REASON

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- 2) **Town Centre**
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Usual Signature			
Printed Name	JIM ALLAN		
Capacity	BLACKPOOL CITY (COUNTY) COORDINATOR		
Date	02	01	2017

Blackpool Council

4

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JIM ALLAN - HELP FOR HEROES

Built Environment

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

Contact

T: (01253) 47 8570
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1) **Applicant Details**

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Please tick:

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

A) **Individual Applicant -**

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

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

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

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

2) **Correspondence Name and Address**

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

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

Name of Charity	HELP FOR HEROES				
Address	14 PARKERS CLOSE				
	DOWNTON BUSINESS CENTRE				
	DOWNTON	Post Code	SP5		3RB
Charity Registration Number (if applicable)	1120920				

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

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

Tick as appropriate

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

n/a

5) What method of collection is to take place?

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

BUCKET COLLECTION WITH GAZEBO

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

4

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

TO SUPPORT MEMBERS OF ARMED FORCES

8) Objects of the Charity or Fund.

TO SUPPORT WOUNDED MEMBERS OF THE ARMED FORCES
--

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

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

DATE	8/09/2017
	9/09/2017

BETWEEN WHAT HOURS

FROM:	0900
TO:	1800

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

ST JOHN'S SQUARE

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

YES	NO
✓	

Tick as appropriate

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

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

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

YES	NO
	✓

Tick as appropriate

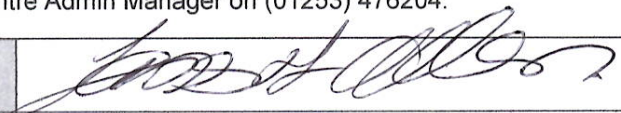
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AUTHORITY	DATE	REASON

15) Signature of Applicant

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

Usual Signature			
Printed Name	JIM ALLAN		
Capacity	BLACKPOOL CITY (COUNTY) COORDINATOR		
Date	02	01	2017



TO WHOM IT MAY CONCERN

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

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

Signed.....

Sarah Ferguson, National Volunteer Manager
Help for Heroes

Tel: 01980 846 459 Email: info@helpforheroes.org.uk www.helpforheroes.org.uk

Postal Address: Tin Hut, PO Box 79, Tidworth, Wiltshire, SP9 9AF
Help for Heroes is a company registered in England and Wales under number 6363256. Registered charity number 1120920.
Registered Office and Headquarters: 14 Parkers Close, Downton Business Centre, Downton, Salisbury, Wiltshire SP5 3RB

Blackpool Council

Received

14 FEB 2017

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

KAREN ROTWELL



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

Contact

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

www.blackpool.gov.uk

1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

I. As a charity

Complete Section B

II. As a limited company

Complete Section B

III. Other

Complete Section B

A) **Individual Applicant -**

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

Title:

Mr	<input checked="" type="checkbox"/> Mrs	Miss	Ms
----	---	------	----

Forename (s)

KAREN

Surname

ROTHWELL

Date of Birth

[Redacted]

Home address

[Redacted]

Post Code

FY6 [Redacted]

Telephone Number

[Redacted]

Mobile Number

[Redacted]

Email Address

karen.turner47@hotmail.co.uk

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

Name

BRITISH LUNG FOUNDATION

Registered address

73-75 GOSWELL ROAD

LONDON

Post Code

EC1V 7ER

Telephone Number

020-7078-7912

Mobile Number

0207 688 5555

Email Address

events@blf.org.uk

2) **Correspondence Name and Address**

Name

KAREN ROTHWELL

Address

[Redacted]

Post Code

FY6 [Redacted]

Telephone Number

[Redacted]

Mobile Number

[Redacted]

Email Address

[Redacted]

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

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

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

Money	Property
✓	

Tick as appropriate

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

5) What method of collection is to take place?

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

BUCKET COLLECTION

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

2

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

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

8) Objects of the Charity or Fund.

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

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

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

DATE

12 16/4/17

BETWEEN WHAT HOURS

FROM: 10.00
TO: 5.00

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

PROMENADE - NORTH, SOUTH + CENTRAL

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

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

Tick as appropriate

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

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

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

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

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

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

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

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?

- 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

* 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

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Business Address

If you have one, this should be your official address - that is an address required of you by law for receiving communications.

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

* Country

Section 2 of 10

FURTHER DETAILS ABOUT THE APPLICANT

Please note: the applicant must be the organiser of the proposed collection

Former name(s)

If currently or previously known by any other name(s), you must record them here.

Home Address

Is the address the same as (or similar to) the address given in section one?

Yes No

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

Section 3 of 10

ORGANISATION WHICH IS RESPONSIBLE FOR THE COLLECTION

Continued from previous page...

* Provide a brief description of the organisation and its objectives

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

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

Yes No

* Is this organisation a registered charity?

Yes No

* Registration number

295672

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

To grant magical wishes

Section 4 of 10

CHARITY, FUND OR ORGANISATION TO BENEFIT FROM THE COLLECTION

* Is another organisation going to benefit from your collection?

Yes No

Section 5 of 10

TYPES OF COLLECTION

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

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

Street Collection

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

Where

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

Town centre

When

* Preferred dates for the collection

Saturday 10th June 2017

Alternative dates

Continued from previous page...

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

10am - 6pm

Collectors

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

15

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

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

What

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

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

Yes No

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

Yes No

Section 6 of 10

EXPENSES AND PAYMENT

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

Yes No

Statement Of Return

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

Street collection only

Section 7 of 10

PREVIOUS APPLICATIONS

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

No Yes - application granted and revoked

Yes - application granted Yes - application refused

Section 8 of 10

CONVICTIONS

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

Yes No

Section 9 of 10

Continued from previous page...

ADDITIONAL DETAILS

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

Section 10 of 10

DECLARATION

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

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

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

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

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

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

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

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

OFFICE USE ONLY

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

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

David Steele



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

Contact

T: (01253) 47 8570

F: (01253) 47 8372

www.blackpool.gov.uk

1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

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

A) **Individual Applicant - Name, Address and details of applicant for the licence who will be responsible for the collection**

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>	Sense										
<u>Registered address</u>	101 Pentonville Road, London										
					<u>Post Code</u>	N	1		9	L	G
☎ Telephone Number	01924 203318				☎ Mobile Number						
Email Address	DAVID.STEELE@SENSE.ORG.UK										

2) **Correspondence Name and Address**

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

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

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

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

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

Up to 12 people

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

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

8) Objects of the Charity or Fund.

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

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

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

DATE	8/7/17	BETWEEN WHAT HOURS	FROM: 9am
			TO: 4pm

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

Blackpool promenade (between South Pier and North Pier)

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

YES	NO
/	

Tick as appropriate

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

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

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

YES	NO
	/

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) **Signature of Applicant**

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

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

Usual Signature			
Printed Name	DAVID STEELE		
Capacity	SENIOR COMMUNITY FUNDRAISING MANAGER		
Date	13	2	2017

Received

18 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

www.blackpool.gov.uk

1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

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

A) **Individual Applicant - Name, Address and details of applicant for the licence who will be responsible for the collection**

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Forename (s)													
						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	Walk Like A Veteran – Fundraising for SSAFA and Broughton House																	
Registered address	SSAFA 4 St Dunstan's Hill, London, EC3R 8AD																	
	Broughton House Park Ln, Salford M7 4JD																	
										Post Code								
Telephone Number				Mobile Number														
Email Address																		

2) **Correspondence Name and Address**

Name	Andy Power										
Address											

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

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

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

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

Money	Property
x	

Tick as appropriate

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

--

5) What method of collection is to take place?

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

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

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

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

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

14

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

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

8) Objects of the Charity or Fund.

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

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

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

DATE

25 th June 2017

BETWEEN WHAT HOURS

FROM: 7 am
TO: 11 am

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

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

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

YES	NO
X	

Tick as appropriate

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

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

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

YES	NO
	X

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) Signature of Applicant


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

1) **Promenade**

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

2) **Town Centre**

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

Usual Signature	 A POWER

Printed Name			
Capacity			
Date			

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

REBECCA SCOTT

Built Environment

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

Contact

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



1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

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

A) **Individual Applicant -**

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

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

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

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

2) **Correspondence Name and Address**

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

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

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

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

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

Tick as appropriate

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

N/A

5) What method of collection is to take place?

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

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

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

20

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

Continue to support research and families affected by dementia.

8) Objects of the Charity or Fund.

To lead the fight against dementia.

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

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

DATE	8 th October 2017

BETWEEN WHAT HOURS

FROM:	8am
TO:	4pm

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

Tower Headland, Blackpool Promenade.

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

YES	NO
✓	

Tick as appropriate

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

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

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

YES	NO
	✓

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

1) Promenade

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