

* required information

Section 1 of 10

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

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

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

Are you an agent acting on behalf of the applicant? Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Yes No

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

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

Are you:

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

Applying as an individual

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

Applicant Business

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

* 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?

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

Yes

No

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

Section 3 of 10

ORGANISATION WHICH IS RESPONSIBLE FOR THE COLLECTION

Continued from previous page...

* Provide a brief description of the organisation and its objectives

Animal welfare and re homing

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

Yes No

* Is this organisation a registered charity?

Yes No

* Registration number

232252

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

Animal medical costs

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?

St Johns Square and down Church Street to the promenade , for a charity Dog Shop already agreed by Blackpool Bid

When

* Preferred dates for the collection

Saturday 6th June 2015

Alternative dates

Continued from previous page...

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

Collectors

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

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

What

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

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

Yes No

* Provide details

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

Yes No

* Provide details

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

Continued from previous page...

Section 8 of 10

CONVICTIONS

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

Yes

No

Section 9 of 10

ADDITIONAL DETAILS

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

The Charity is a self funded branch of the national RSPCA Charity and relies heavy on local support to continue its work for local animal welfare. all fund raising is used towards costs at the animal centre , this is a non profit charity.

Section 10 of 10

DECLARATION

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

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

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

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

* Full name

* Capacity

* Date / /
dd mm yyyy

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

1. Save this form to your computer by clicking file/save as...
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Don't forget to make sure you have all your supporting documentation to hand.

OFFICE USE ONLY

Applicant reference number	<input type="text" value="RSPCA2015"/>
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"/>

13 JUN 2014

THE ROYAL BRITISH LEGION POPPY APPEAL 2015

POLICE, FACTORIES ETC. (MISCELLANEOUS PROVISIONS ACT) 1916 STREET COLLECTIONS

In pursuance of Section 5 of the above act, I hereby apply for a permit authorising me to promote the collection of which particulars are given below:-

Blackpool Borough Council
Licensing Service Municipal Buildings
Po Box 4
BLACKPOOL FY1 1NA

- 1) Name & Address of Applicant: Mr R D Sheppard
The Poppy Appeal
Royal British Legion Village
Aylesford, Kent ME20 7NX
Telephone: 01622 717172
- 2) Name & Address of Secretary: Details as above
- 3) Director of Finance: John Graham
- 4) Name & Address of Bankers: Lloyds TSB, Cox's and King's Branch, 1st Floor, P O Box 1190,
7 Pall Mall SW1Y 5NA,
- 5) Name & Address of Auditors: Pricewaterhouse Coopers, 80 Strand, London, WC2R 0AF
- 6) Proposed Date & Time of Collection: 24th October to 7th November 2015
8 a.m. to 8 p.m.
- 7) District in which collection will be made: Throughout the whole of the Council's administrative area.
- 8) Has a permit ever been refused? No
- 9) Is a House to House collection being held? Yes, please see attached letter with details
- 10) Charity Registration No. Registered Charity 219279
- 11) Will a request be made for privately owned places? Yes, on receipt of permit from your authority.
- 12) Nature of Collection: Offer of Poppies from trays and collection of monies in sealed receptacles.
- 13) Objections of Organisation: To safeguard the welfare, interests and memory of those who are serving or who have served in the Armed Forces.
- 14) Disposal of receipts: Proceeds less administrative expenses and costs of poppies, are used for the benevolent funds of the Royal British Legion
- 15) Are remunerations to be paid from proceeds? No
- 16) Is an application being made in other & Council areas? Yes, to all Metropolitan, District & Borough Councils in England Wales.

Date 10th June 2014

Signature:





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

For help contact
licensing@blackpool.gov.uk
Telephone: 01253 478397

* required information

Section 1 of 10

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 Yes No

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Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

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Are you:

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Applicant Business

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

* Registration number

* Business name If your business is registered, use its registered name.

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

* Legal status

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

* Country

Section 2 of 10

FURTHER DETAILS ABOUT THE APPLICANT

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

Former name(s)

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Home Address

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

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

Yes

No

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

Section 3 of 10

ORGANISATION WHICH IS RESPONSIBLE FOR THE COLLECTION

Continued from previous page...

* Provide a brief description of the organisation and its objectives

Trinity Hospice provides end of life care to terminally ill patients

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

Yes No

* Is this organisation a registered charity?

Yes No

* Registration number

511009

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

To provide patient care

Section 4 of 10

CHARITY, FUND OR ORGANISATION TO BENEFIT FROM THE COLLECTION

* Is another organisation going to benefit from your collection?

Yes No

Section 5 of 10

TYPES OF COLLECTION

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

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

Street Collection

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

Where

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

Along the promenade during the Fun Run

When

* Preferred dates for the collection

10th May 2015

Alternative dates

Continued from previous page...

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

Collectors

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

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

What

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

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

- Yes No

* Provide details

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

- Yes No

Section 6 of 10

EXPENSES AND PAYMENT

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

- Yes No

Statement Of Return

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

- Street collection only

Section 7 of 10

PREVIOUS APPLICATIONS

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

- No Yes - application granted and revoked
 Yes - application granted Yes - application refused

Section 8 of 10

CONVICTIONS

Continued from previous page...

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

Yes

No

Section 9 of 10

ADDITIONAL DETAILS

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

Section 10 of 10

DECLARATION

1 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.

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

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

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

* Full name

* Capacity

* Date / /
dd mm yyyy

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

1. Save this form to your computer by clicking file/save as...
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Don't forget to make sure you have all your supporting documentation to hand.

OFFICE USE ONLY

Applicant reference number	<input type="text" value="Fun Run 2015"/>
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"/>

* required information

Section 1 of 10

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

System reference	<input type="text" value="Not Currently In Use"/>	This is the unique reference for this application generated by the system.
Your reference	<input type="text" value="Illumathon 2015"/>	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	<input type="text" value="Collette"/>	
* Family name	<input type="text" value="Goodwin"/>	
* E-mail	<input type="text" value="collette.goodwin@trinityhospice.co.uk"/>	
Main telephone number	<input type="text" value="0044 1253 359355"/>	Include country code.
Other telephone number	<input type="text"/>	

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

Are you:

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

Applying as an individual

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

Applicant Business

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

* Registration number	<input type="text" value="1537498"/>	
* Business name	<input type="text" value="Trinity Hospice & Palliative Care Services"/>	If your business is registered, use its registered name.
* VAT number	<input type="text" value="-"/> <input type="text" value="604 4067 70"/>	Put "none" if you are not registered for VAT.
* Legal status	<input type="text" value="Charity or Association"/>	

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

* Country

Section 2 of 10

FURTHER DETAILS ABOUT THE APPLICANT

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

Former name(s)

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

Home Address

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

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

Yes

No

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

Section 3 of 10

ORGANISATION WHICH IS RESPONSIBLE FOR THE COLLECTION

Continued from previous page...

* Provide a brief description of the organisation and its objectives

Trinity Hospice provides end of life care to terminally ill patients

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

Yes No

* Is this organisation a registered charity?

Yes No

* Registration number

511009

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

To provide patient care

Section 4 of 10

CHARITY, FUND OR ORGANISATION TO BENEFIT FROM THE COLLECTION

* Is another organisation going to benefit from your collection?

Yes No

Section 5 of 10

TYPES OF COLLECTION

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

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

Street Collection

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

Where

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

At Sainsburys Bispham at the Start/Finish Line
At the Comedy Carpet (quarter way point)
At the Glitter Ball (half way point)

When

* Preferred dates for the collection

29th August 2015

Alternative dates

Continued from previous page...

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

Collectors

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

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

They will be volunteers of Trinity Hospice and wearing a Trinity Hospice Volunteer badge containing their name

What

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

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

Yes No

* Provide details

As part of our Illumathon

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

Yes No

Section 6 of 10

EXPENSES AND PAYMENT

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

Yes No

Statement Of Return

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

Street collection only

Section 7 of 10

PREVIOUS APPLICATIONS

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

No Yes - application granted and revoked

Yes - application granted Yes - application refused

Section 8 of 10

CONVICTIONS

Continued from previous page...

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

Yes

No

Section 9 of 10

ADDITIONAL DETAILS

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

Section 10 of 10

DECLARATION

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

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

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

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

* Full name

Collette Goodwin

* Capacity

Events Fundraiser

* Date

29 / 01 / 2015
dd mm yyyy

Add another signatory

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

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

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OFFICE USE ONLY

Applicant reference number	<input type="text" value="Illumathon 2015"/>
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
Application to licence a street collection
Police, Factories etc. (Miscellaneous Provisions) Act
1916

For help contact
licensing@blackpool.gov.uk
Telephone: 01253 478397

* required information

Section 1 of 10

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Yes No

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Applicant Details

* First name

* Family name

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Main telephone number

Include country code.

Other telephone number

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

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* VAT number

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

* Legal status

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

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Section 2 of 10

FURTHER DETAILS ABOUT THE APPLICANT

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Former name(s)

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Home Address

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

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Yes

No

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

Section 3 of 10

ORGANISATION WHICH IS RESPONSIBLE FOR THE COLLECTION

Continued from previous page...

* Provide a brief description of the organisation and its objectives

Trinity Hospice provides end of life care to terminally ill patients

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

Yes No

* Is this organisation a registered charity?

Yes No

* Registration number

511009

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

To provide patient care

Section 4 of 10

CHARITY, FUND OR ORGANISATION TO BENEFIT FROM THE COLLECTION

* Is another organisation going to benefit from your collection?

Yes No

Section 5 of 10

TYPES OF COLLECTION

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

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

Street Collection

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

Where

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

Along the Lower Promenade from the Sandcastle Waterpark to Central Pier

When

* Preferred dates for the collection

6th December 2015

Alternative dates

Continued from previous page...

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

Collectors

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

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

What

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

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

- Yes No

* Provide details

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

- Yes No

Section 6 of 10

EXPENSES AND PAYMENT

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

- Yes No

Statement Of Return

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

- Street collection only

Section 7 of 10

PREVIOUS APPLICATIONS

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

- No Yes - application granted and revoked
 Yes - application granted Yes - application refused

Section 8 of 10

CONVICTIONS

Continued from previous page...

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

Yes

No

Section 9 of 10

ADDITIONAL DETAILS

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

Section 10 of 10

DECLARATION

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

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

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

* Full name

* Capacity

* Date / /
dd mm yyyy

[Add another signatory](#)

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OFFICE USE ONLY

Applicant reference number	<input type="text" value="Santa Dash 2015"/>
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
Application to licence a street collection
Police, Factories etc. (Miscellaneous Provisions) Act
1916

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licensing@blackpool.gov.uk
Telephone: 01253 478397

* required information

Section 1 of 10

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

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

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

Are you an agent acting on behalf of the applicant?

Yes No

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

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

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

Are you:

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

Applying as an individual

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

Applicant Business

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

* Registration number

* Business name If your business is registered, use its registered name.

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

* Legal status

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

* Country

Section 2 of 10

FURTHER DETAILS ABOUT THE APPLICANT

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

Former name(s)

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

Home Address

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

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

Yes

No

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

Section 3 of 10

ORGANISATION WHICH IS RESPONSIBLE FOR THE COLLECTION

Continued from previous page...

* Provide a brief description of the organisation and its objectives

Trinity Hospice provides end of life care to terminally ill patients

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

Yes No

* Is this organisation a registered charity?

Yes No

* Registration number

511009

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

To provide patient care

Section 4 of 10

CHARITY, FUND OR ORGANISATION TO BENEFIT FROM THE COLLECTION

* Is another organisation going to benefit from your collection?

Yes No

Section 5 of 10

TYPES OF COLLECTION

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

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

Street Collection

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

Where

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

Along the Promenade from the Sandcastle Waterpark to Gynn Square

When

* Preferred dates for the collection

20th December 2015

Alternative dates

Continued from previous page...

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

Collectors

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

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

What

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

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

- Yes No

* Provide details

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

- Yes No

Section 6 of 10

EXPENSES AND PAYMENT

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

- Yes No

Statement Of Return

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

- Street collection only

Section 7 of 10

PREVIOUS APPLICATIONS

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

- No Yes - application granted and revoked
 Yes - application granted Yes - application refused

Section 8 of 10

CONVICTIONS

Continued from previous page...

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

Yes

No

Section 9 of 10

ADDITIONAL DETAILS

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

Section 10 of 10

DECLARATION

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

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

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

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

* Full name

Collette Goodwin

* Capacity

Events Fundraiser

* Date

29 / 01 / 2015
dd mm yyyy

Add another signatory

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

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

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

OFFICE USE ONLY

Applicant reference number	<input type="text" value="Santa Cycle 2015"/>
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

09 FEB 2015

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BARBARA JONES FOR BLACKPOOL

LIFEBOAT



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

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						
					Mobile Number												

Name	RNLI BLACKPOOL LIFE BOAT											
Registered address	CENTRAL PROMENADE											
	BLACKPOOL											
	FY1 5JA				Post Code	FY	1	S	J	A		
	01253-620424				Mobile Number							

2)

Name	MRS. BARBARA JONES																
Address																	
											Post Code						
Telephone Number																	
Email Address																	

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

Name of Charity	ROYAL NATIONAL LIFEBOAT INSTITUTION							
Address	WEST QUAY ROAD							
	POOLE							
	DORSET	Post Code	B	H	1	S	1	B
Charity Registration Number (if applicable)	209603							

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

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

Tick as appropriate

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

5) What method of collection is to take place?

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

BUCKET COLLECTION

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?

MAX 6 AT ANY ONE TIME

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

FUNDING OF LIFEBOATS

8) Objects of the Charity or Fund.

SAVING LIVES AT SEA

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

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

DATE

2ND MAY 2015
3RD MAY 2015

BETWEEN WHAT HOURS

FROM:	9am
TO:	5pm

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

COENER OF BANK HAY ST +
ADELAIDE ST. BLACKPOOL

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

YES	NO
✓	

Tick as appropriate

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

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

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

YES	NO
	✓

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

1) Promenade

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

2) Town Centre

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

Usual Signature	Barbara Jones		
Printed Name	BARBARA JONES		
Capacity	TREASURER FOR BLACKPOOL LIFEBOAT FUND RAISING		
Date		FEB	2015

Blackpool Council

08 FEB 2015

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BARBARA JONES - BLACKPOOL LIFEBOAT

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

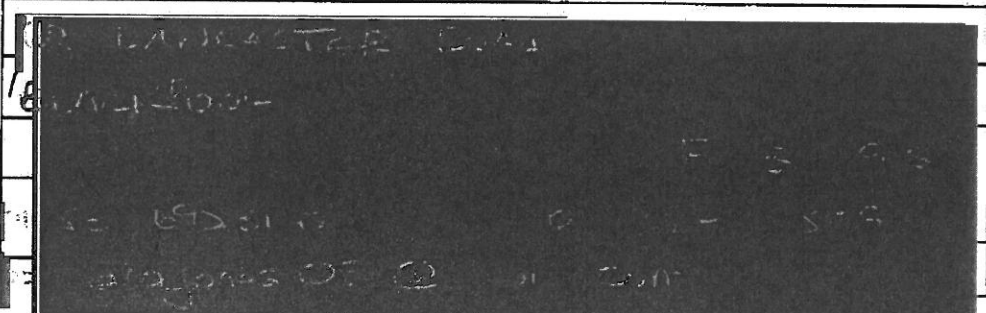
A) Individual Applicant -

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>			
						<u>Mobile Number</u>			

ROYAL NATIONAL LIFEBOAT INSTITUTION										
BOATHOUSE - BLACKPOOL LIFEBOAT										
CENTRAL PROMENADE										
BLACKPOOL						<u>Post Code</u>	F	Y	1	S
						<u>Mobile Number</u>				
01253-620424										

2)

<u>Name</u>	MRS BARBARA JONES
<u>Address</u>	
<u>Telephone Number</u>	
<u>Email Address</u>	

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

Name of Charity	ROYAL NATIONAL LIFEBOAT INSTITUTION			
Address	HEAD OFFICE WEST QUAY ROAD			
	POOLE			
	DORSET	Post Code	B	H
Charity Registration Number (if applicable)		209603	5	1
			B	R

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?

MAX 6 AT ANY ONE TIME

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

FUNDING OF LIFEBOAT SERVICE

8) Objects of the Charity or Fund.

SAVING LIVES AT SEA

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

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

DATE	SATURDAY
	1ST AUGUST

2015

BETWEEN WHAT HOURS

FROM:	9am
TO:	5pm

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

PROMENADE BETWEEN CHAPEL ST AND TALBOT SQUARE
AND AROUND BOATHOUSE BETWEEN NORTH + CENTRAL PIERS
(ANNUAL OPEN DAY AT BOATHOUSE)

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:

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2) Town Centre

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

Usual Signature	Barbara Jones		
Printed Name	BARBARA JONES		
Capacity	FUNDRAISING TREASURER		
Date	6	FEB	2015

Blackpool

09 FEB 2015

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BARBARA JONES - BLACKPOOL LIFEBOAT

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-Indivi

<u>Name</u>	BLACKPOOL LIFEBOAT - RNLI										
<u>Registered address</u>	BOATHOUSE										
	CENTRAL PROMENADE										
	BLACKPOOL				<u>Post Code</u>	F	Y	I	S	J	A
☎ Telephone Number	01253-620424			☎ Mobile Number							
Email Address											

2) Corresponden

<u>Name</u>	MRS. BARBARA JONES								
<u>Address</u>	<p>LS</p> <p>K</p> <p>9</p>								
☎ Telephone Number									
Email Address									

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

Name of Charity	ROYAL NATIONAL LIFEBOAT INSTITUTION				
Address	HEAD OFFICE				
	WEST QUAY ROAD				
	POOLE	DORSET	Post Code	BH15	1BR
Charity Registration Number (if applicable)	209603				

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

Tick as appropriate

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MAX 6 AT ANY TIME

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

FUNDING OF LIFEBOAT SERVICE

8) Objects of the Charity or Fund.

SAVING LIVES AT SEA

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

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

DATE

SUNDAY
6 th Sept

BETWEEN WHAT HOURS

FROM:	9am
TO:	5pm

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

PROMENADE BETWEEN BOATHOUSE AND SOUTH PIER
ANNUAL BOAT PULL BY LIFEBOAT CREW

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?

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Usual Signature	Barbara Jones		
Printed Name	BARBARA JONES		
Capacity	FUNDRAISING TREASURER		
Date	6	FEB	2015