

Blackpool

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

For help contact licensing@blackpool.gov.uk

Telephone: 01253 478397

Section 1 of 10		
You can save the form at any	time and resume it later. You do not need to l	pe logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	RSPCA2015	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
Are you an agent acting on b	ehalf of the applicant? 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	Martyn	
* Family name	Tetchener	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
☐ Indicate here if you wo	uld prefer not to be contacted by telephone	
Are you:		
Applying as a businessApplying as an individu	or organisation, including as a sole trader	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?	C Yes No	
* Is your business registered outside the UK?	○ Yes	
* Business name	RSPCA Blackpool & North Lancs Branch	If your business is registered, use its registered name.
* VAT number	None	Put "none" if you are not registered for VAT.
* Legal status	Charity or Association	

Continued from previous page		
* Your position in the business	Branch Manager	
		The country where the headquarters of your
Home country	United Kingdom	business is located.
Business Address		If you have one, this should be your official address - that is an address required of you
* Building number or name	RSPCA Longview Animal Centre	by law for receiving communications.
* Street	Old Toms Lane	
District	Stalmine	
* City or town	Poulton-Le-Fylde	
County or administrative area	Lancashire	
Postcode	FY6 0JR	
* Country	United Kingdom	
Section 2 of 10		And the second s
FURTHER DETAILS ABOUT TH	E APPLICANT	
Please note: the applicant mus	t be the organiser of the proposed collection	
Former name(s)		If currently or previously known by any other name(s), you must record them here.
Home Address		
Is the address the same as (or s	imilar to) the address given in section one?	If "Yes" is selected you can re-use the details
C Yes	No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name		
* Street		
District]
* City or town	Blackpool	
County or administrative area	Lancashire]
* Postcode		
* Country	United Kingdom]
Further Details		
* Date of birth	dd mm yyyy	
* Place of birth]
Section 3 of 10		
ORGANISATION WHICH IS RE	SPONSIBLE FOR THE COLLECTION	

C .: 16	
Continued from previous page	
	f the organisation and its objectives
Animal welfare and re homing	3
4	
* Are the proceeds of the colle	ection to benefit this organisation?
	○ No
* Is this organisation a register	
Yes	C No
* Registration number	232252
* What are the proceeds of the	e collection to be used for?
Animal medical costs	
Section 4 of 10	
CHARITY, FUND OR ORGANIS	SATION TO BENEFIT FROM THE COLLECTION
* Is another organisation going	g to benefit from your collection?
C Yes	No
Section 5 of 10	
TYPES OF COLLECTION	
* What type(s) of collection will	ll you be performing?
A street collection	
A house-to-house collect	tion
Both street and house-to-house collections	
Street Collection	
Check for local guidance notes local circumstances or your res	and conditions before completing this section. Some of the questions may not be relevant to ponses may have to provide very specific information.
Where	
* In what parts of this authority	y's area do you intend to carry out the collection?
St Johns Square and down Ch	urch 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	10am till Enm
day will the collection be held?	10am till 5pm
Collectors	
* How many people do you	
plan to authorise as	10
collectors?	
* How will the collectors be id	entifiable? (provide details of badge, certificate of authority etc)
RSPCA sash or RSPCA shirts/to	ps
What	
Check for local guidance note licences are required.	s which may clarify what is allowable in your area and whether additional permissions or
* Do you plan to hold the colle	ection in conjunction with a carnival, procession or other event?
Yes	C No
* Provide details	
A Mini Fun Dog Shop within S	t. Johns Square approved by Blackpool Bid
* Do you intend to offer anyth	ning for sale during the collection?
Yes	O No
* Provide details	
RSPCA New Goods	
Section 6 of 10	
EXPENSES AND PAYMENT	
* Will 100% of the proceeds o	f the collection be donated to a charity or used for charitable purposes?
Yes	C No
Statement Of Return	
* Which of the following type: proceeds and deductions?	s of return will you submit, giving details of
Section 7 of 10	
PREVIOUS APPLICATIONS	
* Have you, or any person nar registration? (check all that ap	med in or associated with this application, previously applied for a similar licence or oply)
⊠ No	Yes - application granted and revoked
Yes - application granted	Yes - application refused

Continued from previ	ous page
Section 8 of 10	
CONVICTIONS	
* Have you, or any p	person named in or associated with this application, been convicted of any crime or offence?
○ Yes	No
Section 9 of 10	
ADDITIONAL DETA	ILS
Provide any additio conditions which m	nal information which is required or relevant to your application (check for local guidance notes and ay provide details of specific requirements in your area)
The Charity is a self local animal welfare	funded branch of the national RSPCA Charity and relies heavy on local support to continue its work for e. all fund raising is used towards costs at the animal centre, this is a non profit charity.
Section 10 of 10	
DECLARATION	
for me to submit a	ould a Licence be granted to me the collection must take place in strict compliance with the house-to-egulations and/or the street collection regulations as appropriate. I am aware that it is also necessary certified form of statement within 28 days of the collection taking place.
* This data may be n to other departme	he information I have provided, will be held by the Council on both computerised and manual files. nade available on a public register if so required by relevant legislation. The data may also be disclosed nts within the Council and other organisations, but only in order to ensure compliance with relevant ntification purposes or to prevent or detect fraud or a crime.
k	oox indicates you have read and understood the above declaration
This section should behalf of the applica	be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on int?"
* Full name	Martyn Tetchener
* Capacity	Branch Manager
* Date	26 / 01 / 2015 dd mm yyyy
	Add another signatory
Once you're finished 1. Save this form to y	you need to do the following: our 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

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

continue with your application.

OFFICE USE ONLY	
Applicant reference number	RSPCA2015
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous 1 2 3 4	<u>5 6 7 8 9 10</u> Next >

1 3 JUN 2014

THE ROYAL BRITISH LEGION POPPY APPEAL2015

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 ServiceMunicipal Buillings 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 receptacies.

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

Section 1 of 10		
You can save the form at any ti	me and resume it later. You do not need to be	logged in when you resume.
System reference	Not Currently In Use This is the unique reference for t application generated by the sys	
Your reference	Fun Run 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		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	Collette	
* Family name	Goodwin	4
* E-mail	collette.goodwin@trinityhospice.co.uk	
Main telephone number	0044 1253 359355	Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
Applying as a business of	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
Applying as an individual		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?		_
* Registration number	1537498	
* Business name Trinity Hospice & Palliative Care Services		If your business is registered, use its registered name.
* VAT number -	604 4067 70	Put "none" if you are not registered for VAT.
* Legal status Charity or Association		

á		SPONSIBLE FOR THE COLLECTION	
	Section 3 of 10	Chorley	
	* Date of birth * Place of birth	dd mm yyyy	
	Further Details		
	* Country	United Kingdom	
	* Postcode	FY2 0BG	
	County or administrative area	Lancs	
	* City or town	Blackpool	
	District	Bispham	
	* Street	Low Moor Rd	
	* Building number or name	Trinity Hospice	41
	S the address the same as (or sYes	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.
	Home Address		,
	Former name(s)		If currently or previously known by any other name(s), you must record them here.
1	Please note: the applicant mus	t be the organiser of the proposed collection	
-	FURTHER DETAILS ABOUT TH	IE APPLICANT	
	Section 2 of 10		
	* Country	United Kingdom	
	Postcode	FY2 0BG	
	County or administrative area	Lancs	
	* City or town	Blackpool	
	District	Bispham	
	* Street	Low Moor Rd	
	* Building number or name	Trinity Hospice	
	Registered Address		Address registered with Companies House.
	Home country	United Kingdom	The country where the headquarters of your business is located.
	* Your position in the business	Events Fundraiser	
	Continued from previous page		

Continued from previous pag	е
* Provide a brief description	of the organisation and its objectives
Trinity Hospice provides en	d of life care to terminally ill patients
* Are the proceeds of the co	ollection to benefit this organisation?
Yes	C No
* Is this organisation a regis	stered charity?
Yes	C No
* Registration number	511009
* What are the proceeds of	the collection to be used for?
To provide patient care	
Section 4 of 10	AUGATION TO DENETIT FROM THE COLLECTION
	NISATION TO BENEFIT FROM THE COLLECTION
* Is another organisation go	oing to benefit from your collection?
C 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 co	llection
Both street and house	e-to-house collections
Street Collection	
	otes and conditions before completing this section. Some of the questions may not be relevant to r responses may have to provide very specific information.
Where	responses may have to provide very specific information.
	evitu's area de veu intend to carry out the collection?
	ority's area do you intend to carry out the collection?
Along the promenade duri	ng the Fun Run
When	
* Preferred dates for the collection	10th May 2015
Alternative dates	

r	
* During what hours of the	
day will the collection be	10am - 2pm
held? Collectors	
190	
* How many people do you plan to authorise as collectors?	6
* How will the collectors be id	entifiable? (provide details of badge, certificate of authority etc)
They will be volunteers of Trin	ity Hospice and wearing a Trinity Hospice Volunteer badge containing their name
What	
Check for local guidance notes licences are required.	s which may clarify what is allowable in your area and whether additional permissions or
* Do you plan to hold the colle	ection in conjunction with a carnival, procession or other event?
Yes	O No
* Provide details	
As part of our Fun Run	
* Do you intend to offer anyth	ing for sale during the collection?
C 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	O No
Statement Of Return	
* Which of the following types proceeds and deductions?	of return will you submit, giving details of
Street collection only	
Section 7 of 10	
PREVIOUS APPLICATIONS	
* Have you, or any person nam registration? (check all that app	ned in or associated with this application, previously applied for a similar licence or ply)
⊠ 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 na	amed in or associated with this application, been convicted of any crime or offence?
C Yes	No
Section 9 of 10	
ADDITIONAL DETAILS	
	mation which is required or relevant to your application (check for local guidance notes and de details of specific requirements in your area)
Section 10 of 10	
DECLARATION	
 house collection regulation for me to submit a certified I understand that the information This data may be made avait to other departments with legislation, for identification 	icence be granted to me the collection must take place in strict compliance with the house-to- ns and/or the street collection regulations as appropriate. I am aware that it is also necessary d form of statement within 28 days of the collection taking place. mation I have provided, will be held by the Council on both computerised and manual files. mailable on a public register if so required by relevant legislation. The data may also be disclosed in the Council and other organisations, but only in order to ensure compliance with relevant on purposes or to prevent or detect fraud or a crime. Cates you have read and understood the above declaration
J	pleted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Collette Goodwin
* Capacity	Events Fundraiser
* Date	29 / 01 / 2015 dd mm yyyy
	Add another signatory
Once you're finished you ne	ed 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	Fun Run 2015
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous <u>1 2 3 4</u>	<u>5 6 7 8 9 10</u> Next >



Blackpool

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

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

Section 1 of 10		
You can save the form at any t	ime and resume it later. You do not need to be	logged in when you resume.
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	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 be	half of the applicant? 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	Collette]
* Family name	Goodwin]
* E-mail	collette.goodwin@trinityhospice.co.uk	
Main telephone number	0044 1253 359355	Include country code.
Other telephone number		
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
C Applying as an individual A		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?		
* Registration number	1537498	
* Business name	Trinity Hospice & Palliative Care Services	If your business is registered, use its registered name.
* VAT number -	604 4067 70	Put "none" if you are not registered for VAT.
* Legal status	Charity or Association	

ORGANISATION WHICH IS RE	SPONSIBLE FOR THE COLLECTION	
Section 3 of 10		El Colo Madriel II
* Place of birth	Chorley	
* Date of birth	dd mm yyyy	
Further Details		
* Country	United Kingdom	
* Postcode	FY2 0BG	•
County or administrative area	Lancs	
* City or town	Blackpool	
District	Bispham	
* Street	Low Moor Rd	
* Building number or name	Trinity Hospice	
	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.
Home Address		name(s), you must record them here.
Former name(s)	the organiser of the proposed collection	If currently or previously known by any other
Please note: the applicant mus	IE APPLICANT It be the organiser of the proposed collection	
Section 2 of 10		
		1
* Country	United Kingdom	
Postcode	FY2 0BG	1
County or administrative area		
* City or town	Blackpool	
District	Bispham	
* Street	Low Moor Rd	
* Building number or name	Trinity Hospice	
Registered Address		Address registered with Companies House.
Home country	United Kingdom	The country where the headquarters of your business is located.
* Your position in the business		
Continued from previous page		

Continued from previous page	
* Provide a brief description of	the organisation and its objectives
Trinity Hospice provides end of	f life care to terminally ill patients
* Are the proceeds of the collect	ction to benefit this organisation?
Yes	C No
* Is this organisation a register	ed charity?
Yes	O No
* Registration number	511009
* What are the proceeds of the	collection to be used for?
To provide patient care	
Section 4 of 10	ATION TO BENEFIT FROM THE COLLECTION
	g to benefit from your collection?
C Yes	No
Section 5 of 10	
TYPES OF COLLECTION	
* What type(s) of collection wil	ll you be performing?
A street collection	
A house-to-house collect	tion
Both street and house-to	o-house collections
Street Collection	
	s and conditions before completing this section. Some of the questions may not be relevant to sponses may have to provide very specific information.
Where	
* In what parts of this authority	y's area do you intend to carry out the collection?
At Sainsburys Bispham at the S At the Comedy Carpet (quarter At the Glitter Ball (half way poi	r way point)
When	
* Preferred dates for the	20th August 2015
collection	29th August 2015

Continued from previous page	
* During what hours of the day will the collection be	10pm - 2am
held?	
Collectors	
* How many people do you plan to authorise as collectors?	6
* How will the collectors be id-	entifiable? (provide details of badge, certificate of authority etc)
They will be volunteers of Trin	ity Hospice and wearing a Trinity Hospice Volunteer badge containing their name
What	
Check for local guidance notes licences are required.	s which may clarify what is allowable in your area and whether additional permissions or
* Do you plan to hold the colle	ection in conjunction with a carnival, procession or other event?
Yes	C No
* Provide details	
As part of our Illumathon	
* Do you intend to offer anyth	ing for sale during the collection?
O Yes	No
Section 6 of 10	
EXPENSES AND PAYMENT	
	the collection be donated to a charity or used for charitable purposes?
Yes	C No
Statement Of Return	
* Which of the following types proceeds and deductions?	of return will you submit, giving details of
Street collection only	
Section 7 of 10	
PREVIOUS APPLICATIONS	
* Have you, or any person nam registration? (check all that ap	ned in or associated with this application, previously applied for a similar licence or ply)
⊠ No	Yes - application granted and revoked
Yes - application granted	Yes - application refused
Section 8 of 10	
CONVICTIONS	

Continued from previous pa	ge
* Have you, or any person	named in or associated with this application, been convicted of any crime or offence?
C Yes	No
Section 9 of 10	
ADDITIONAL DETAILS	
Provide any additional info	ormation which is required or relevant to your application (check for local guidance notes and wide details of specific requirements in your area)
Section 10 of 10	
DECLARATION	
* house colllection regula for me to submit a certif I understand that the inf This data may be made to other departments w legislation, for identifica Ticking this box in	Licence be granted to me the collection must take place in strict compliance with the house-to-tions and/or the street collection regulations as appropriate. I am aware that it is also necessary fied form of statement within 28 days of the collection taking place. Formation I have provided, will be held by the Council on both computerised and manual files. Eavailable on a public register if so required by relevant legislation. The data may also be disclosed eithin the Council and other organisations, but only in order to ensure compliance with relevant tion purposes or to prevent or detect fraud or a crime. Idicates you have read and understood the above declaration
This section should be co behalf of the applicant?"	mpleted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Collette Goodwin
* Capacity	Events Fundraiser
* Date	29 / 01 / 2015
	dd mm yyyy
	Add another signatory
1. Save this form to your of 2. Go back to https://www.continue with your applications.	need to do the following: computer by clicking file/save as w.gov.uk/apply-for-a-licence/street-collection-licence/blackpool/apply-1 to upload this file and cation. e you have all your supporting documentation to hand.

OFFICE USE ONLY	
Applicant reference number	Illumathon 2015
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous <u>1 2 3 4</u>	<u>5 6 7 8 9 10</u> Next >



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

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

Section 1 of 10		
You can save the form at any t	ime and resume it later. You do not need to be	
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	Santa Dash 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		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	Collette	
* Family name	Goodwin	
* E-mail	collette.goodwin@trinityhospice.co.uk	
Main telephone number	0044 1253 359355	Include country code.
Other telephone number		
☐ Indicate here if you wo	uld prefer not to be contacted by telephone	
Are you:		
Applying as a business or organisation, including as a sole trader A sole trader is a business owned person without any special legal section.		A sole trader is a business owned by one person without any special legal structure.
Applying as an individual		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?		_
* Registration number	1537498	
* Business name	Trinity Hospice & Palliative Care Services	If your business is registered, use its registered name.
* VAT number GB	604 4067 70	Put "none" if you are not registered for VAT.
* Legal status	Charity or Association	
1		

Continued from previous page		
* Your position in the business	Events Fundraiser	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address		Address registered with Companies House.
* Building number or name	Trinity Hospice	
* Street	Low Moor Rd	
District	Bispham	
* City or town	Blackpool	
County or administrative area	Lancs	
Postcode	FY2 0BG	
* Country	United Kingdom	
Section 2 of 10		The state of the s
FURTHER DETAILS ABOUT TH	IE APPLICANT	
Please note: the applicant mus	t be the organiser of the proposed collection	
Former name(s)		If currently or previously known by any other name(s), you must record them here.
Home Address		(,,,
Is the address the same as (or s	similar to) the address given in section one?	If "Yes" is selected you can re-use the details
Yes	C No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name	Trinity Hospice]
* Street	Low Moor Rd	
District	Bispham	
* City or town	Blackpool	
County or administrative area	Lancs	
* Postcode	FY2 0BG	
* Country	United Kingdom]
Further Details		
* Date of birth	dd mm yyyy	
* Place of birth	Chorley	
Section 3 of 10		
ORGANISATION WHICH IS RE	SPONSIBLE FOR THE COLLECTION	

Continued from previous pag	e
* Provide a brief description	n of the organisation and its objectives
Trinity Hospice provides en	d of life care to terminally ill patients
* Are the proceeds of the co	ollection to benefit this organisation?
Yes	○ No
* Is this organisation a regis	
Yes	C 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 ORGA	NISATION TO BENEFIT FROM THE COLLECTION
* Is another organisation g	oing to benefit from your collection?
C Yes	No
Section 5 of 10	Control of the Contro
TYPES OF COLLECTION	
* What type(s) of collection	n will you be performing?
A street collection	
○ A house-to-house co	ollection
Both street and house	se-to-house collections
Street Collection	
Check for local guidance n	otes and conditions before completing this section. Some of the questions may not be relevant to responses may have to provide very specific information.
Where	responses may have to provide very specific information.
distribution and the second se	
	ority's area do you intend to carry out the collection?
Along the Lower Promena	de 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 10am - 1	pm
held? Collectors	
di Bollulini Isalinissinini	
* 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 Hospic	e and wearing a Trinity Hospice Volunteer badge containing their name
What	
Check for local guidance notes which m licences are required.	ay clarify what is allowable in your area and whether additional permissions or
* Do you plan to hold the collection in c	onjunction with a carnival, procession or other event?
* Provide details	
As part of our Santa Dash	
* Do you intend to offer anything for sale	e during the collection?
C Yes No	
Section 6 of 10	
EXPENSES AND PAYMENT	
* Will 100% of the proceeds of the collect	tion be donated to a charity or used for charitable purposes?
Yes	
Statement Of Return	
* Which of the following types of return proceeds and deductions?	will you submit, giving details of
Street collection only	
Section 7 of 10	
PREVIOUS APPLICATIONS	
* Have you, or any person named in or as registration? (check all that apply)	ssociated with this application, previously applied for a similar licence or
⊠ No □ Y	es - application granted and revoked
Yes - application granted	es - application refused
Section 8 of 10	
CONVICTIONS	

Continued from previous pa	ge
* Have you, or any person	named in or associated with this application, been convicted of any crime or offence?
C Yes	No
Section 9 of 10	
ADDITIONAL DETAILS	
	ormation which is required or relevant to your application (check for local guidance notes and vide details of specific requirements in your area)
Section 10 of 10	
DECLARATION	
 house colllection regula 	Licence be granted to me the collection must take place in strict compliance with the house-to- tions and/or the street collection regulations as appropriate. I am aware that it is also necessary ied form of statement within 28 days of the collection taking place.
 This data may be made a to other departments wi 	formation I have provided, will be held by the Council on both computerised and manual files. Available on a public register if so required by relevant legislation. The data may also be disclosed thin the Council and other organisations, but only in order to ensure compliance with relevant tion purposes or to prevent or detect fraud or a crime.
☐ Ticking this box in	dicates you have read and understood the above declaration
This section should be conbehalf of the applicant?"	mpleted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Collette Goodwin
* Capacity	Events Fundraiser
* Date	29 / 01 / 2015 dd mm yyyy
	Add another signatory
2. Go back to https://www.continue.with.your.applic.co	omputer by clicking file/save as v.gov.uk/apply-for-a-licence/street-collection-licence/blackpool/apply-1 to upload this file and

OFFICE USE ONLY	
Applicant reference number	Santa Dash 2015
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous <u>1 2 3 4</u>	<u>5 6 7 8 9 10</u> Next >



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

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

Section 1 of 10							
You can save the form at any t	ime and resume it later. You do not need to be	logged in when you resume.					
System reference	Not Currently In Use	This is the unique reference for this application generated by the system.					
Your reference	Santa Cycle 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 be	ehalf of the applicant?	Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.					
Applicant Details							
* First name	Collette						
* Family name	Goodwin						
* E-mail	collette.goodwin@trinityhospice.co.uk						
Main telephone number	0044 1253 359355	Include country code.					
Other telephone number							
☐ Indicate here if you wo	uld prefer not to be contacted by telephone						
Are you:							
Applying as a business	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.					
C Applying as an individu	Applying as an individual means you are						
Applicant Business							
* Is your business registered in the UK with Companies House?	Yes						
* Registration number 1537498							
* Business name	Trinity Hospice & Palliative Care Services	If your business is registered, use its registered name.					
* VAT number GB	604 4067 70	Put "none" if you are not registered for VAT.					
* Legal status	Charity or Association						

Continued from previous page		
* Your position in the business	Events Fundraiser	
Home country	United Kingdom	The country where the headquarters of your business is located.
Registered Address	<u> </u>	Address registered with Companies House.
9000.00		
* Building number or name	Trinity Hospice	
* Street	Low Moor Rd	
District	Bispham	
* City or town	Blackpool	
County or administrative area	Lancs	
Postcode	FY2 0BG	
* Country	United Kingdom	
Section 2 of 10		
FURTHER DETAILS ABOUT TH	IE APPLICANT	
Please note: the applicant mus	t be the organiser of the proposed collection	
Former name(s)		If currently or previously known by any other name(s), you must record them here.
Home Address		
Is the address the same as (or s	similar to) the address given in section one?	If "Yes" is selected you can re-use the details
⊚ Yes	○ No	from section one, or amend them as required. Select "No" to enter a completely new set of details.
* Building number or name	Trinity Hospice	
* Street	Low Moor Rd	
District	Bispham	
* City or town	Blackpool	_]
County or administrative area		- 1
* Postcode	FY2 0BG	_
* Country	United Kingdom	7
Further Details	omica milgaom	
* Date of birth	dd mm yyyy	
* Place of birth	Chorley	
Section 3 of 10	en de en	
ORGANISATION WHICH IS RE	SPONSIBLE FOR THE COLLECTION	

Continued from previous page	Continued from previous page					
* Provide a brief description of	the organisation and its objectives					
Trinity Hospice provides end of	f life care to terminally ill patients					
* Are the proceeds of the collection	ction to benefit this organisation?					
Yes	C No					
* Is this organisation a register	ed charity?					
Yes	C 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 ORGANIS	ATION TO BENEFIT FROM THE COLLECTION					
* Is another organisation going	to benefit from your collection?					
C Yes	No No					
Section 5 of 10						
TYPES OF COLLECTION						
* What type(s) of collection will	you be performing?					
A street collection						
A house-to-house collect	tion					
C Both street and house-to	-house collections					
Street Collection						
	and conditions before completing this section. Some of the questions may not be relevant to ponses 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						

* 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		
day will the collection be held? Collectors * How many people do you plan to authorise as collections? * 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? (a) Yes	Continued from previous page	
*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	day will the collection be	10am - 1pm
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? (a) Yes	Collectors	
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? (a) Yes	plan to authorise as collectors?	
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	* How will the collectors be ider	ntifiable? (provide details of badge, certificate of authority etc)
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	They will be volunteers of Trinit	y Hospice and wearing a Trinity Hospice Volunteer badge containing their name
# Do you plan to hold the collection in conjunction with a carnival, procession or other event? Yes	What	
* Provide details As part of our Santa Cycle * Do you intend to offer anything for sale during the collection? C 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 O 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	Check for local guidance notes valicences are required.	which may clarify what is allowable in your area and whether additional permissions or
* Provide details As part of our Santa Cycle * Do you intend to offer anything for sale during the collection? C Yes	* Do you plan to hold the collec	tion in conjunction with a carnival, procession or other event?
* Do you intend to offer anything for sale during the collection? * Yes	• Yes (O No
* Do you intend to offer anything for sale during the collection? Yes	* 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? (i) Yes	As part of our Santa Cycle	
*Will 100% of the proceeds of the collection be donated to a charity or used for charitable purposes? *Yes	* Do you intend to offer anythin	g for sale during the collection?
*Will 100% of the proceeds of the collection be donated to a charity or used for charitable purposes? *Yes	C Yes () No
* Will 100% of the proceeds of the collection be donated to a charity or used for charitable purposes? Yes	Section 6 of 10	
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	EXPENSES AND PAYMENT	
*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	* Will 100% of the proceeds of the	ne collection be donated to a charity or used for charitable purposes?
* 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) No
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	Statement Of Return	
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	* Which of the following types o proceeds and deductions?	f return will you submit, giving details of
* 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	Street collection only	
* 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	Section 7 of 10	
registration? (check all that apply) No	PREVIOUS APPLICATIONS	
Yes - application granted Yes - application refused Section 8 of 10	* Have you, or any person named registration? (check all that apply	d in or associated with this application, previously applied for a similar licence or
Section 8 of 10	⊠ No	Yes - application granted and revoked
20 Maria (1905) 10 Maria (1905	Yes - application granted	Yes - application refused
CONVICTIONS	Section 8 of 10	
	CONVICTIONS	

Continued from previ	ious page	
* Have you, or any p	oerson named i	in or associated with this application, been convicted of any crime or offence?
C Yes	•	No
Section 9 of 10		
ADDITIONAL DETA	ILS	
Provide any additio conditions which m	nal information ay provide det	n which is required or relevant to your application (check for local guidance notes and calls of specific requirements in your area)
Section 10 of 10	sinter de la calcació	ng ng Pikiting Bandi Pigung ng Sayalay ang dan menggiti nami ang paggang menggiti ang ang ang ang ang ang ang a
DECLARATION		
* house colllection for me to submit a I understand that	regulations and a certified form the informatio	e be granted to me the collection must take place in strict compliance with the house-to-d/or the street collection regulations as appropriate. I am aware that it is also necessary of statement within 28 days of the collection taking place. In I have provided, will be held by the Council on both computerised and manual files.
* This data may be to other department	made available ents within the	e on a public register if so required by relevant legislation. The data may also be disclosed Council and other organisations, but only in order to ensure compliance with relevant poses or to prevent or detect fraud or a crime.
□ Ticking this	box indicates y	you have read and understood the above declaration
This section should behalf of the applic		by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	Co	ollette Goodwin
* Capacity	Ev	vents Fundraiser
* Date	L.	29 / 01 / 2015
	do	d mm yyyy
	3	Add another signatory
	your compute	do the following: er 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	A CLUMB FOR A FROM THE CONTRACT STREET, AND
Applicant reference number	Santa Cycle 2015
Fee paid	
Payment provider reference	
ELMS Payment Reference	
Payment status	
Payment authorisation code	
Payment authorisation date	
Date and time submitted	
Approval deadline	
Error message	
Is Digitally signed	
< Previous <u>1</u> <u>2</u> <u>3</u> <u>4</u>	<u>5 6 7 8 9 10</u> Next >

Blackpool Council

0 9 FEB 2015

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BARBARA JONES FOR BLACKPOOL

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 De	<u>etails</u>						
	In what capacity are you applying for a licence? Please tick:							
a)	An individual	Complete Section A						
b)	A person other th	an an individual						
	I. As a	charity Complete Section B						
	II. As a	limited company Complete Section B						
	III. Other	Complete Section B						
		- ·· · -						
	Title:	Mr Mrs Miss Ms Forename (s)						
	Surname	Date of Birth						
	Home address							
		Post Code						
		Mobile Number						
	Name	RNLI BLACKPOOL LIFE BOFT						
	Registered address	RNLI BLACKPOOL LIFE BOAT CENTRAL PROMENADE						
		BUREKPOOL						
		FYI 5JA Post Code FYI 5JA						
	包	01253- 620424 Mobile Number						
2)								
۷,	Name	MPC BARRARA TIL						
		MRS. BARBARA TONES						
	Address							
	Telephone	Post Code						
	Number	;						

Name of charit	Name of charity or fund for which the Collection / Sale is being made.							
Name of Charity	lame of Charity ROYAL NATIONAL LIFEBOAT INSTITUTION							
Address	Address POOLE POOLE							
	DORSET POST CODE BHISIBR							
Charity Registrati	Charity Registration Number 209 603							
The Street Coll	The Street Collection will be for the collection of:							
Money	Property							
		Tick as appropriate						
If property is co	ollected, is this to give away	y use or sell on behalf of	charity please state:					
What method o	f collection is to take place	?						
BUCK	ET COLLE	CTION						
		horise to act as collecto	rs in the area of the local authority to					
MAX	6 AT AHY	ONE TIME	<u> </u>					
Use to which p	roceeds of this collection a	re to be put.						
FUND	ING OF L	IFEBOATS						
Objects of the (Charity or Fund.							
SAVIN	a lives ,	AT SEA						
Date of Propose	ed Collection or Sale, and b	etween what hours:						
NB Please no	te that we must be in receip		east 28 days prior to the					
DATE	200 MAY 2015	BETWEEN WHAT HOURS	FROM: 9 am					
	3Rb MAY 2015		TO: 5 pm					
	Address Charity Registration (If applicable) The Street Collimination of Money If property is continuous and description of the Address What method of For example what a description of the Address of the Collimination of the Address of the Collimination of the Collimination of the Address of the Collimination of the Co	Name of Charity Royal NATION Address ROOLE DRSET Charity Registration Number Royal Registration Number Registration Number Registration Number Registration Number Registration Number Registration Number Registration of the type of collection that Registration of the type of collection that Registration of the type of collection that Registration is addressed? MAK BAT AND Use to which proceeds of this collection a Registration of the Charity or Fund. Date of Proposed Collection or Sale, and be Registration of proposed collection. DATE REGISTRAN	Name of Charity ROYAL NATIONAL NEED Address ROOLE DORSET Post C Charity Registration Number OP BOD 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 What method of collection is to take place? For example will it be a bucket collection, line of coins, or entertain a description of the type of collection that is proposed to take place BUCKET COLECTION How many persons is it proposed to authorise to act as collecto which the application is addressed? MAX AT ANY ONE TIME Use to which proceeds of this collection are to be put. FUNDING OF LIFEBOATS Objects of the Charity or Fund. SANING Date of Proposed Collection or Sale, and between what hours: NB Please note that we must be in receipt of your application at led date of proposed collection DATE DATE DATE DATE BETWEEN WHAT HOURS					

Locality within wi	nich it is pr	oposed to make the Collection of	or Sale.
COENER	L of	BANK HEY ST	- +
P	からし	AIDE ST. BU	accfool
Are the whole of 1	he receipts	s to be paid over for the benefit of	of the Charity or fund?
If no, please stat	e what dec	ductions will be made (for expe	enses or any other purpose) and provide
Total amount of re		Amount to be deducted	Reason for deduction.
Has a permit for a	Collection	or Sale for a similar object ever	been refused?
ride a perimeror a	Conconon	or oute for a similar object ever	positi foliaced (
YES NO			
	Tick as approp	priate	
If Yes, please state	by which	Licensing Authority, date refus	ed and reason given.
AUTHORITY		DATE	REASON
		100 2 2 3 400	11210011
Signature of Appli	cant		
stand that I am requi	red to conta	act the following department(s) reg	arding my application:
on telephone numb will need to provide	er (01253) 4 insurance (478231 to check the dates request	rou will must immediately contact VisitBlackpo ed are available and also to check whether yo 's terms and conditions will need to be signed
Town Centre	ky pomitin	lay also be required.	
If you are planning t		eet collection within the Town Cer lanager on (01253) 476204.	tre, permission should immediately be sought
al Signature	Baro	aia Seres .	
ted Name	BARA	BARA JONES	
acity			FUND RAISING
		7 7 7 7 7 7 7	

Blackpool Council

0 g 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 cap	In what capacity are you applying for a licence? Please tick:					
a)	An individual	Complete Section A					
b)		than an individual					
ω,							
	house?						
		a limited company Complete Section B					
	m. Ot	Complete Section B					
	A) Individu Name, A	al Applicant - Address and details of applicant for the licence who will be responsible for the collection					
	Title:	Mr Mrs Miss Ms Forename (s)					
	Surname	Date of Birth					
	Home address						
		Post Code					
		Mobile Number					
		POYAL NATIONAL UFEBOAT INSTITUTION					
		BOATHOUSE - BLACKPOOL LIREBOAT					
		CESTRAL PROMENADE					
	登	Mobile Mobile					
		01253-620424 Number					
2)							
	Name	MRE BARBARA JONES					
	Address	TELLINATER CLASSES					
	Telephone Number Email Address						
	ESPERENT PULLED						

LS/D/520/2/10

3)	Name of charit	Name of charity or fund for which the Collection / Sale is being made.						
	Name of Charity	ne of Charity ROYAL NATIONAL LIFEBOAT INSTITUTON						
	Address	Poor	HEAD OFFICE WEST OVAY ROAD					
		BOP!	DOPSET Post Code BH151BR					IBK
	Charity Registrati (if applicable)	on Numb	er 20960	3				
4)	The Street Coll	ection wi	Il be for the collec	tion of:				
	Money	re	Property					
				Tick as appropr	iate			
	If property is co	ollected, i	s this to give away	y use or sell on	behalf of	charity pl	ease state:	
5)	What method o	f collecti	on is to take place	7				
			bucket collection, of collection that				pecific event?	Please provide
	BUCKE	T C	ouecti.	0N				
6)	How many pers which the appli		t proposed to aut	horise to act a	e collecto	rs in the	area of the loc	al authority to
	MAX (3 A	YUA T	ONE	TME			
7)	Use to which pr	roceeds o	of this collection a	re to be put.				
	FUNDIN	.G 0	F LIFEB	OAT S	ERVIC	E		
3)	Objects of the C	Charity o	Fund.		705700000000000000000000000000000000000			
	SUNING	Li	ues at	SEA				
9)	Date of Propose	ed Collec	tion or Sale, and b	etween what h	ours:			
	NB Please not date of pro		e must be in receip ollection	ot of your applic	ation at le	east 28 da	ys prior to the	
	DATE	SATO	S.DA-1	BETWEEN V	1970a.aa.	FROM:	900	
		3.	AUSUST	noon	•	TO:	9am 5pm	
	L		015			L	- 1111	
		0	015					

8)

10)	Locality within	which it is pr	oposed to	make the Co	ollection	or Sale.				
	PROMENA	PE BE	TWEE	J 04F	rlel	ST	AND	TAI	BOT	SQUA
	AUD AUA	めついこの	BOAT	HOUSE	BET	WEEN	1 100	HI	+ Ce	STRAL
	(AUNUA	L OP	EN D	A YA	777	BOAT	20 OFT	E		
11)										
	YES NO	Tick as appro	priate							×
12)	If no, please strestimate of the s	ate what dec sum which w	ductions w ill be dedu	ili be made cted. This c	(for exp an be si	enses or nown as a	any othe percenta	r purpo ge.	ose) and	provide a
	Total amount of	receipts	Amount	to be deduc	led		Reason	or dedi	ection.	
								•		
13)	Los s normals for	a Callandan	0-1- (-							
19)	Has a permit for	a Collection	or Sale for	a similar of	oject eve	r been re	fused?			
	YES NO									
		Tick as approp	riate							
14)	If Yes, please sta	ite by which	Licensing.	Authority, d	ate refus	ed and re	eason give	∍n.		
	AUTHORITY		DATE				REASON			
	L							······································		
15)	Signature of App	licant								
l unde	erstand that I am requ	uired to conta	ct the follow	ring departm	ent(s) reg	garding my	y application	n:		
1)	Promenade									
	If you are planning on telephone num	ber (01253) 4	78231 to ch	eck the date	s reques	ted are av	ailable and	d also to	check w	hether you
	will need to provid and a tramway act	e insurance c	over. Pleas	e note, Visit	Blackpoo	l's terms a	and conditi	ons will	need to b	e signed
2)	Town Centre		-							
	If you are planning from the Town Cei	to hold a stre	et collectio anager on (n within the 1 01253) 4762	Fown Cer 04.	ntre, perm	ission sho	uld imme	ediately b	e sought
Us	sual Signature	Ballo	va Ja	روع .						
Pr	inted Name	BARBA	RA Z	NES						
Ca	pacity			S TR	EAS	UPER				
Da	ite	6		2015						

2)

Blackpool

0 g FEB 2015

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

BARBARA JONES - BLACKLOOL LIFEBOAT

Built Environment

一条四次

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

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

www.blackpool.gov.uk

Applicant D	etails
In what capa	city are you applying for a licence?
An individual	Please tick: Complete Section A
000	
	charity Complete Section B
100	limited account
III. Varia	Complete Section B
	Applicant - Idress and details of applicant for the licence who will be responsible for the collection
Title:	Mr Mrs Miss Ms Forename (s)
Surname	Date of Birth
Mome address	
2 Telephone	Post Code Post Code
Number	Number
Email Address	
B) Non-Indiv	i e e e e e e e e e e e e e e e e e e e
Name	BLACKPOOL LIFEBOAT - RNL1
Registered address	BOATHOUSE
Management	CENTRAL PROMENADE
	BURCKROOL POST Code FY 1 5 JA
Telephone Number	BUACKROOL Post Code FY 1 5 JA 01253 - 620 424 Number
Email Address	
	[
Name	MRS. BARBARA JONES
Address	SS .
	[] +
	9
Telephone Number	
Email Address	1
	An individual A person other the l. As a ll. As a ll. As a ll. Other ll. Other ll. As a ll. Other ll. Other ll. As a ll. Other ll. Address Telephone ll. Address Telephone ll. Address Correspondent ll. Address Correspondent ll. Address Telephone ll. Address Telephone ll. Address Telephone ll. Address

Address WEST QUAY ROAD	Name of Charity	ROTAL	NATIONA	AL LIFE	BOAT	125.71	101101		
Charity Registration Number (if applicable) The Street Collection will be for the collection of: Money	***								
Charity Registration Number (if applicable) The Street Collection will be for the collection of: Money	Address	WEST OUTH ROAD							
The Street Collection will be for the collection of: Money					Post Code	BH	151BR		
Mioney Property Tick as appropriate If property is collected, is this to give away use or sell on behalf of charity please state: What method of collection is to take place? For example will it be a bucket collection, line of coins, or entertainment / specific event? Please place a description of the type of collection that is proposed to take place. BUCKET COLLECTION How many persons is it proposed to authorise to act as collectors in the area of the local authorise that the application is addressed? MAX & AT ANY TIME Use to which proceeds of this collection are to be put. COLLECTION Dijects of the Charity or Fund. 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 BETWEEN WHAT EPONT O		on Number	20960	3					
Tick as appropriate If property is collected, is this to give away use or sell on behalf of charity please state: What method of collection is to take place? For example will it be a bucket collection, line of coins, or entertainment / specific event? Please place a description of the type of collection that is proposed to take place. BUCKET COLLECTION How many persons is it proposed to authorise to act as collectors in the area of the local authowhich the application is addressed? MAK & AT ANY TIME Use to which proceeds of this collection are to be put. FUNDING OF LIFEBORT SERVICE Objects of the Charity or Fund. SRVING LINES AT SERVICE 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 BETWEEN WHAT CROM: O	The Street Col	ection will b	e for the collect	ion of:					
What method of collection is to take place? For example will it be a bucket collection, line of coins, or entertainment / specific event? Please place a description of the type of collection that is proposed to take place. BUCKET COLLECTION How many persons is it proposed to authorise to act as collectors in the area of the local authorise that the application is addressed? MAK & AT ANY TIME Use to which proceeds of this collection are to be put. FUNDING OF LIFEBORT SERVICE Objects of the Charity or Fund. SRVING LINES AT SEA 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 BETWEEN WHAT CROM: O	Money		Property						
What method of collection is to take place? For example will it be a bucket collection, line of coins, or entertainment / specific event? Please place a description of the type of collection that is proposed to take place. BUCKET COLLECTION How many persons is it proposed to authorise to act as collectors in the area of the local authorish the application is addressed? MAK ANY TIME Use to which proceeds of this collection are to be put. FUNDING OF LIFEBORT SCRUCE Objects of the Charity or Fund. SRVING LIVES AT SCA 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	6			Tick as appropria	te				
What method of collection is to take place? For example will it be a bucket collection, line of coins, or entertainment / specific event? Please place a description of the type of collection that is proposed to take place. BUCKET COLLECTION How many persons is it proposed to authorise to act as collectors in the area of the local authorish the application is addressed? MAK ANY TIME Use to which proceeds of this collection are to be put. FUNDING OF LIFEBORT SCRUCE Objects of the Charity or Fund. SRVING LIVES AT SCA 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	If property is c	ollected, is t	his to give away	use or sell on t	ehalf of cha	rity please si	ate:		
For example will it be a bucket collection, line of coins, or entertainment / specific event? Please pla description of the type of collection that is proposed to take place. BUCKET COLLECTION How many persons is it proposed to authorise to act as collectors in the area of the local authorise to he application is addressed? MAK & AT ANY TIME Use to which proceeds of this collection are to be put. FUNDING OF LIFEBORT SERVICE Objects of the Charity or Fund. SRVING LIVES AT SEA 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 BETWEEN WHAT FROM: O									
How many persons is it proposed to authorise to act as collectors in the area of the local authorise to the application is addressed? MAK & AT ANY TIME Use to which proceeds of this collection are to be put. FUNDING OF LIFEBORT SERVICE Objects of the Charity or Fund. SRVING LIVES AT SEA 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 BETWEEN WHAT EROM: O	Ear evemple w	All it he a hu	cket collection.	line of coins, or	entertainme ake place.	nt / specific	event? Please pi		
which the application is addressed? MAY 6 AT ANY TIME Use to which proceeds of this collection are to be put. FUNDING OF LIFEBORT SCRUCE Objects of the Charity or Fund. SAVING LIVES AT SCA 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 BETWEEN WHAT SERM: O	Bucke	T 9	LECTIO	n -					
Use to which proceeds of this collection are to be put. FUNDING OF LIFEBORT SCRUCE Objects of the Charity or Fund. SRVING LIVES AT SCA 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 BETWEEN WHAT FROM: O	How many pe which the app	rsons is it p lication is ac	proposed to aut	horise to act as	collectors	n the area o	f the local autho		
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 BETWEEN WHAT EROM: O	MAX	6 AT	MANY	TIME					
Objects of the Charity or Fund. SRVING LIVES AT SEA 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 BETWEEN WHAT EROM: O	Use to which	proceeds of	this collection a	re to be put.					
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 BETWEEN WHAT FROM: O	FUNDIN	G oF	LIFEB	ORT SE	Blice				
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 BETWEEN WHAT FROM: ()	1								
Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection BETWEEN WHAT EDOM: O	Objects of the	Charity or F	fund.			· · · · · · · · · · · · · · · · · · ·			
date of proposed collection BETWEEN WHAT FROM: ()			44	SEA					
	SAV, NO	S LIV	es AT	between what h		10 days	for to the		
	Date of Propo	esed Collection	on or Sale, and	between what h		st 28 days pr	or to the		

10) Locality within which i	t is proposed to make the Co	ollection or Sale.	
	1	BETWEEN B		
	ANNUAL	BOAT PULL	BY LIFEBOR	TCREW
11	Are the whole of the re	ceipts to be paid over for the	e benefit of the Charity or	fund?
	YES NO Tick as	appropriate		
12)	If no, please state whatestimate of the sum wh	it deductions will be made ich will be deducted. This c	(for expenses or any ot an be shown as a percen	her purpose) and provide a
	Total amount of receipt	Amount to be deduc	cted Reaso	n for deduction.
13)	Has a permit for a Colle	ction or Sale for a similar ol	oject ever been refused?	
	YES NO Tick as	appropriate		
14)	If Yes, please state by w	hich Licensing Authority, d		
	AUTHORITY	DATE	REASC	in
15)	Signature of Applicant			
	derstand that I am required to	contact the following departm	ent(s) regarding my applica	ation:
1)	on telephone number (012	953) 478231 to check the date nce cover. Please note, Visit	es requested are available a	ediately contact VisitBlackpool and also to check whether you ditions will need to be signed
2)	Town Centre If you are planning to hold from the Town Centre Adr	a street collection within the nin Manager on (01253) 4762	Town Centre, permission sł 04.	nould immediately be sought
L	Jeual Signature Bas	Lara Saras.	Andrew Control of the	
F		Contract Con		ł.
-	rinted Name BAR	BARA JONES		
C	6AR	BARA JONES BRAISING TE	PEASURER	