

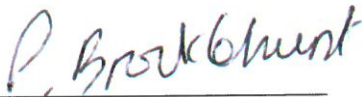
Street Collection Permit Application

Our Ref: RAFA/LA4669

BLACKPOOL BC

- | | | |
|-----|--|---|
| 1. | Full name of applicant and Position within charity | Peter Brocklehurst
Community Fundraising Officer |
| 2. | Name of charity applying and charity to which proceeds will be distributed | Royal Air Forces Association
(in aid of the Wings Appeal) |
| 3. | Address | Royal Air Forces Association
Wings Appeal
Central Headquarters
117 ½ Loughborough Road
Leicester, LE4 5ND |
| 4. | Telephone number (direct line) | 0116 268 8758 / 8757 |
| 5. | E-mail address | wings@rafa.org.uk |
| 6. | Charity registration number | 226686 (England & Wales)
SC037673 (Scotland) |
| 7. | Charity objectives | To provide welfare and support to the whole RAF family |
| 8. | Auditor | Mike Huggins FCA
Baker Tilly
St Philips Point
Temple Row
Birmingham
B2 5AF |
| 9. | Bank | Lloyds Bank
Law Courts Branch
222 Strand
London, WC2R 1BB |
| 10. | Honorary Treasurer | Phillip Tagg |
| 11. | Date(s) & Area(s) requested | 09/08/2015 - Blackpool (The Promenade), 10/08/2015 - Blackpool (The Promenade) |
| 12. | Hours for collection | 8.30am – 6.30 pm |
| 13. | Method to be adopted in making the collection | Donations for emblems, proceeds in sealed tins |

- | | | |
|-----|---|---|
| 14. | Approximate number of Collectors | 15 - 25 |
| 15. | Banking of collection proceeds | Collecting boxes are opened under close supervision and the contents banked as soon as practical. The proceeds are then transferred by a cheque or BACS to CHQ. |
| 16. | Applications in other areas | The RAF Association applies to 260 local authorities nationwide for Street collections in September each year. The charity has never been refused a permit. |
| 17. | Local distribution of collection proceeds | Up to 20% of the money raised is available for Branches disbursement for local welfare purposes. Further welfare funding as necessary is always available from central funds. |
| 18. | Disposal of receipts & deductions | Deductions are made only to cover the cost of collecting equipment, administration & publicity costs.

For 2014 on a national basis, these deductions amounted to 9.07%.
No payments are made to collectors. |
| 19. | House-to-House Collections | A House-to-House collection campaign will be conducted under our Home Office Order Exemption from 7 th – 19 th September 2015. Separate accounts will be submitted to the Home Office. |
| 20. | Signature of Applicant | 
Peter Brocklehurst
Community Fundraising Officer |
| 21. | Date of application | 6 October 2014 |

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JOHN HOOD (on behalf of AMNESIA INTERNATIONAL)

11 SEP 2014

Built Environment

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

Contact

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

www.blackpool.gov.uk



1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

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

A) **Individual Applicant -**

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

Title:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	Forename (s)	
Surname					Date of Birth	<input type="text"/>
Home address						
					Post Code	<input type="text"/>
Telephone Number			Mobile Number			
Email Address						

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

Name	LYTHAM ST ANNES BLACKPOOL BRANCH OF AMNESTY INTERNATIONAL U.K.					
Registered address	NO REGISTERED ADDRESS; ONLY VOLUNTEERS!					
					Post Code	<input type="text"/>
Telephone Number			Mobile Number			
Email Address	* See note below.					

2) **Correspondence Name and Address**

Name	JOHN HOOD					
Address						
Telephone Number			Mobile Number			
Email Address						

LS/D/520/2/10

AMNESTY INTERNATIONAL H.Q. IS
 THE HUMAN RIGHTS CENTRE,
 17-25 NEW INN YARD, LONDON, EC2A 3EA
 (020 7033 1500).

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

Name of Charity	AMNESTY INTERNATIONAL UK.						
Address	COLLECTING FOR LYTHAM ST. ANNES/BLACKPOOL						
	BRANCH. NO ADDRESS AS SUCH, JUST A FEW VOLUNTEERS						
	Post Code						
Charity Registration Number (if applicable)	1051681						

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

Money	Property
✓	

Tick as appropriate

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

5) What method of collection is to take place?

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

BUCKET COLLECTION

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

DEPENDING ON AVAILABILITY, BETWEEN 6 TO 8, NO MORE THAN 3 AT ANY ONE TIME

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

FUNDS TO KEEP L.S.A. / BKPL BRANCH GOING / CAMPAIGNING.

8) Objects of the Charity or Fund.

A.I. U.K. CAMPAIGNS AGAINST PERSECUTION OF POLITICAL PRISONERS USE OF TORTURE, MURDER, EXECUTIONS; FOR WOMEN'S RIGHTS (E.G. AFGHANISTAN)
DEFENDS HUMAN RIGHTS OF OPPRESSED PEOPLE GLOBALLY.

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 11/7/2015
SATURDAY

BETWEEN WHAT HOURS

FROM: 9.30 AM
TO: 2.30 PM.

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

AREA OUTSIDE HOUNDSKILL SHOPPING CENTRE / METHODIST HALL

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:

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.

HAVE SPOKEN TO JANET SALISBURY, WHO HAS AGREED.

Usual Signature	J C Hood		
Printed Name	JOHN C. HOOD		
Capacity	VOLUNTEER		
Date	09	09	2014

Street Collection/House to House Permits – Tracking Sheet

Lalpac Number

Name of Society / Person

Type of Application **Street Collection**

House To House

Received Licensing

Application Scanned into P Drive

	Required	Received	Approved
Application Form	<input checked="" type="checkbox"/>	<input type="text" value="te"/>	<input type="text"/>
Approval – BID	<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Approval – Visit Blackpool	<input type="text"/>	<input type="text"/>	<input type="text"/>

Notes

8-9th May 2015 9am-5pm
 22nd. 23rd May 2015 9am-5pm.

Granted Refused Date

Licence/Permit Number

Checked by LalPac Authorised by Officer For Issue Date

25 FEB 2015

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

Julie Gilbert



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

A) Individual / Name, Add

Title:

Mr	Mrs	Miss	Ms
----	-----	------	----

Forename (s)

JULIE

Surname

GILBERT

Date of Birth

[REDACTED]

Home address

[REDACTED]

☎ Telephone Number

Email Address

B) Non-indivi

Name

CARE FOR THE WILD

Registered address

72 BRIGHTON ROAD

HORSHAM

WEST SUSSEX

Post Code

RH13 5BU

☎ Telephone Number

01403 249832

☎ Mobile Number

[REDACTED]

Email Address

[REDACTED]

2) Corresponder

Name

Julie Gilbert (Lancashire coordinator)

Address

[REDACTED]

☎ Telephone Number

01403 249832

Email Address

registered@britainpost.com

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

Name of Charity	CARE FOR THE WILD				
Address	72 BRIGHTON ROAD				
	HORSHAM WEST SUSSEX				
	Post Code	R	H	1	3
		S	B	U	
Charity Registration Number (if applicable)	UK RCN 288802				

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

Money	Property
✓	

Tick as appropriate

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

5) What method of collection is to take place?

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

Bucket collection

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

4

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

To help neglected and ill treated animals to be returned to the wild once they have had all the medical and care given that they need

8) Objects of the Charity or Fund.

As above.

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

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

DATE	8 th - 9 th MAY 15
	22 nd - 23 rd MAY 15

BETWEEN WHAT HOURS

FROM: 9 am
TO: 5 pm

on all days.

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

church street or Bank hey Blackpool	(Town Centre).
--	----------------

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

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

Tick as appropriate

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

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

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

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

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

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

Usual Signature	<i>J Gilbert</i>		
Printed Name	Julie Gilbert		
Capacity	Lancashire Coordinator		
Date	24	2	15



by certify this
be a true copy
date 25-FEB-2015

October 2014

To Whom It May Concern

This letter is to confirm that Julie Gilbert of [REDACTED] Lancashire [REDACTED] is a Volunteer coordinator on behalf of Care for the Wild International (A charity registered in the UK RCN 288802) and is permitted to organise and carry out charity collections and fundraising events on our behalf in Lancashire.

This authorisation is valid from

1st October 2014 to 30th September 2015

We also confirm the following can arrange and conduct cash collections on our behalf

Abigail Gilbert

Rebecca Gilbert

Thomas Gilbert

All licensing will be obtained locally by the authorised coordinator.

I confirm I am an authorised officer of Care for the Wild International and can be contacted during normal office hours on 01403 249832 or by e mail: info@careforthewild.com should you require any further information.

Philip Mansbridge
Chief Executive Officer

Blackpool Council

7 JAN 2015

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

Lisa Horth

Built Environment

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

Contact

T: (01253) 47 8344
F: (01253) 47 8372
www.blackpool.gov.uk



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

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

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

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Forename (s)	Lisa Jane			
Surname	Horth		Date of Birth	[REDACTED]		
Home address	[REDACTED]					
	Poulton-le-Fylde					
	Lancs		Post Code	F	Y	6
Telephone Number	[REDACTED]		Mobile Number	[REDACTED]		
Email Address	operationsmanager.blackpooleast@whitbread.com					

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

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

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

Name of Charity	Great Ormond Street Childrens Hospital					
Address	Great Ormond Street, London					
			Post Code	W	C	1 N 3 J H
Charity Registration Number (if applicable)	235825					

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

Money	Property
✓	

Tick as appropriate

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

4) 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

5) 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?

Maximum 6

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

Premier Inn/Great Ormond Street Childrens Hospital clinical wing

7) Objects of the Charity or Fund.

Children's hospital charity

8) 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

Friday
3 rd April 2015

BETWEEN WHAT HOURS

FROM: 10am
TO: 3pm

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

Blackpool Town Centre (Victoria Street/Church Street/Bank Hey Street)

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

YES	NO
✓	

Tick as appropriate

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

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

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

YES	NO
	✓

Tick as appropriate

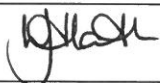
14) **If Yes, please state by which Licensing Authority, date refused and reason given.**

AUTHORITY	DATE	REASON

15) **Signature of Applicant**

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

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

Usual Signature			
Printed Name	Lisa Horth		
Capacity	Operations Manager, Premier Inn, Blackpool East		
Date	03	01	2015

Blackpool Council

7 JAN 2015

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

Lisa Horth

Built Environment

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

Contact

T: (01253) 47 8344
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)	Lisa Jane					
Surname	Horth				Date of Birth						
Home address											
	Poulton-le-Fylde										
	Lancs				Post Code	F	Y	6			
Telephone Number					Mobile Number						
Email Address	operationsmanager.blackpooleast@whitbread.com										

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

Name											
Registered address											
					Post Code						
Telephone Number					Mobile Number						
Email Address											

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

Name of Charity	Great Ormond Street Childrens Hospital											
Address	Great Ormond Street, London											
					Post Code	W	C	1	N	3	J	H
	Charity Registration Number (if applicable)	235825										

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✓	

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

Premier Inn/Great Ormond Street Childrens Hospital clinical wing

7) Objects of the Charity or Fund.

Children's hospital charity

8) 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

Thursday
28 th May 2015

BETWEEN WHAT HOURS

FROM: 10am
TO: 3pm

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

Blackpool Town Centre (Victoria Street/Church Street/Bank Hey Street)

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

YES	NO
✓	

Tick as appropriate

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

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

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

YES	NO
	✓

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) **Signature of Applicant**

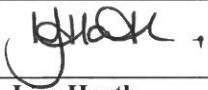
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2) **Town Centre**

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Usual Signature			
Printed Name	Lisa Horth		
Capacity	Operations Manager, Premier Inn, Blackpool East		
Date	03	01	2015

Blackpool Council

7 JAN 2015

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

Lisa Horth

Built Environment

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

Contact

T: (01253) 47 8344
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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)	Lisa Jane			
Surname	Horth		Date of Birth			
Home address						
	Poulton-le-Fylde					
	Lancs		Post Code	F	Y	6
Telephone Number			Mobile Number			
Email Address	operationsmanager.blackpooleast@whitbread.com					

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

Name						
Registered address						
			Post Code			
Telephone Number			Mobile Number			
Email Address						

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Premier Inn/Great Ormond Street Childrens Hospital clinical wing

7) Objects of the Charity or Fund.

Children's hospital charity

8) 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

Monday
24 th August 2015

BETWEEN WHAT HOURS

FROM: 10am
TO: 3pm

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

Blackpool Town Centre (Victoria Street/Church Street/Bank Hey Street)

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

YES	NO
✓	

Tick as appropriate

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

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

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

YES	NO
	✓

Tick as appropriate

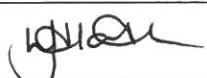
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AUTHORITY	DATE	REASON

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Usual Signature			
Printed Name	Lisa Horth		
Capacity	Operations Manager, Premier Inn, Blackpool East		
Date	03	01	2015

Blackpool Council

7 JAN 2015

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

Lisa Horth

Built Environment

Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
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In what capacity are you applying for a licence?

Please tick:

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 - III. Other Complete Section B

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

Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Forename (s)	Lisa Jane							
Surname	Horth		Date of Birth							
Home address										
	Poulton-le-Fylde									
	Lancs		Post Code	F	Y	6		7	D	T
Telephone Number			Mobile Number							
Email Address	operationsmanager.blackpooleast@whitbread.com									

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

Name										
Registered address										
			Post Code							
Telephone Number			Mobile Number							
Email Address										

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

Name of Charity	Great Ormond Street Childrens Hospital									
Address	Great Ormond Street, London									
				Post Code	W	C	1	N	3	J
Charity Registration Number (if applicable)	235825									

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

Money	Property
✓	

Tick as appropriate

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

4) 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

5) 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?

Maximum 6

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

Premier Inn/Great Ormond Street Childrens Hospital clinical wing

7) Objects of the Charity or Fund.

Children's hospital charity

8) 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	Friday
	30 th October 2015

BETWEEN WHAT HOURS

FROM: 10am
TO: 3pm

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

Blackpool Town Centre (Victoria Street/Church Street/Bank Hey Street)

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

YES	NO
✓	

Tick as appropriate

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

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

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

YES	NO
	✓

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) **Signature of Applicant**

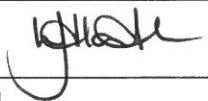
I understand that I am required to contact the following department(s) regarding my application:

1) **Promenade**

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

2) **Town Centre**

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

Usual Signature			
Printed Name	Lisa Horth		
Capacity	Operations Manager, Premier Inn, Blackpool East		
Date	03	01	2015

Blackpool Council

7 JAN 2015

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

Lisa Horth

Built Environment

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

Contact

T: (01253) 47 8344
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)	Lisa Jane			
Surname	Horth		Date of Birth			
Home address						
	Poulton-le-Fylde					
	Lancs		Post Code	F	Y	6
Telephone Number			Mobile Number			
Email Address	operationsmanager.blackpooleast@whitbread.com					

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

Name						
Registered address						
			Post Code			
Telephone Number			Mobile Number			
Email Address						

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

Name of Charity	Great Ormond Street Childrens Hospital					
Address	Great Ormond Street, London					
			Post Code	W	C	1 N 3 J H
Charity Registration Number (if applicable)	235825					

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

Money	Property
✓	

Tick as appropriate

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

4) 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

5) 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?

Maximum 6

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

Premier Inn/Great Ormond Street Childrens Hospital clinical wing

7) Objects of the Charity or Fund.

Children's hospital charity

8) 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

Monday

21st Dec 15

BETWEEN WHAT HOURS

FROM: 10am

TO: 3pm

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

Blackpool Town Centre (Victoria Street/Church Street/Bank Hey Street)

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

YES	NO
✓	

Tick as appropriate

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

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

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

YES	NO
	✓

Tick as appropriate

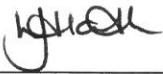
14) **If Yes, please state by which Licensing Authority, date refused and reason given.**

AUTHORITY	DATE	REASON

15) **Signature of Applicant**

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

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

Usual Signature			
Printed Name	Lisa Horth		
Capacity	Operations Manager, Premier Inn, Blackpool East		
Date	03	01	2015

Section 1 of 10

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

System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	Tower	You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.
<p>Are you an agent acting on behalf of the applicant?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>		<p>Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.</p>

Applicant Details

* First name	Jamie	
* Family name	Goodwin	
* E-mail		
Main telephone number		Include country code.
Other telephone number		
<input type="checkbox"/> Indicate here if you would prefer not to be contacted by telephone		
<p>Are you:</p> <p><input checked="" type="radio"/> Applying as a business or organisation, including as a sole trader</p> <p><input type="radio"/> Applying as an individual</p>		<p>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.</p>

Applicant Business

* Is your business registered in the UK with Companies House?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
* Is your business registered outside the UK?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
* Business name	Fibroduck Foundation		If your business is registered, use its registered name.
* VAT number	BE	XT35891	Put "none" if you are not registered for VAT.
* Legal status	Charity or Association		

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

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

We are a small HMRC registered charity fundraising to pay for research into Fibromyalgia. We have arranged to light up Blackpool Tower on May 12th for international awareness day and would like to hold a street collection on the same day please. We also plan to have a family picnic on the comedy carpet

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

Yes No

* Is this organisation a registered charity?

Yes No

* Registration number

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

The proceeds will be put towards this research project: <http://www.fibroduckfoundation.com/research.html> and also used to help provide support to patients.

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?

When

* Preferred dates for the collection

Alternative dates

Continued from previous page...

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

10am - 7pm

Collectors

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

10

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

All will be wearing official Fibroduck Foundation Tshirts, also bright yellow Fibroduck wearing lanyards and each will carry a copy of the license in case they are asked to show it and an official letter on our paper . I will of course be there myself as license holder. All will carry official collection cans with security seals

What

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

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

Yes No

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

Yes No

* Provide details

Fibroduck merchandise and awareness products, mainly plastic ducks, key rings, wristbands and tshirts (although they will be different Tshirts to the ones that staff will be wearing)

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)

We're lighting up Blackpool Tower May 12th 2015 and would like to hold a street collection outside the tower, and opposite and in the town center if that would be allowed please. We have approx 250 people coming from all over the UK (many are staying over) and we'd love to hold a collection to put towards our research

Section 10 of 10

DECLARATION

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

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

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

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

* Full name

* Capacity

* Date / /
dd mm yyyy

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

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

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

OFFICE USE ONLY

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

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

CLIFFORD

WESTLEY

NORTON

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)	CLIFFORD WESTLEY					
Surname	NORTON				Date of Birth	[REDACTED]					
Home address	[REDACTED]										
	BLACKPOOL										
					Post Code	[REDACTED]					
☎ Telephone Number					☎ Mobile Number						
Email Address	[REDACTED]										

B) **Non-Indiv**

Name

Registered address

Post Code

☎ Telephone Number

☎ Mobile Number

Email Address

2) **Corresponde**

Name

Address

Post Code

☎ Telephone Number

☎ Mobile Number

Email Address

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

Name of Charity	Help For Heroes				
Address	14 Parkers Close				
	Downton Business Centre				
	Salisbury, Wiltshire	Post Code	S	P	5 3 R B
Charity Registration Number (if applicable)	1120920				

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

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

Tick as appropriate

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

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?

4

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

8) Objects of the Charity or Fund.

Raise Funds

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

3/4/2015
5/4/2015

BETWEEN WHAT HOURS

FROM: 09:00
TO: 18:00

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

Name of Charity		
Address		
		Post Code
Charity Registration Number (If applicable)		

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

Money	Property
✓	

Tick as appropriate

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

--

5) What method of collection is to take place?

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

BUCKET COLLECTION	RAFFLE DUCK SALES
-------------------	-------------------

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

4

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

--

8) Objects of the Charity or Fund.

RAISE FUNDS

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	3/4/2015
	5/4/2015

BETWEEN WHAT HOURS

FROM:	9 AM
TO:	6 AM

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

PROMENADE & TOWN CENTRE

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

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

Tick as appropriate

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

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

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

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

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

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

Usual Signature	CLIFFORD C.W.N.		
Printed Name	CLIFFORD WESTLEY NORTON		
Capacity			
Date			



Help for Heroes Fundraising



Dear Clifford,

I've been notified by Head Office of your intention to raise funds for us and I would like to thank you very much for choosing Help for Heroes as your charity. We appreciate all the efforts and hard work of our fundraisers and wish you every success with your event.

I see that you are organising a rubber duck race at Blackpool Water Park. What an interesting and unusual idea - do let me know how you get on. If you send a photo and a little write up about why you are doing this and how much you raised to news@helpforheroes.org.uk you may feature on our website!

Did you know... if you ask your donors to sign our gift aid form, Help for Heroes receives an extra 25% from the government. That's free money! You can also set up an online fundraising page at <http://www.bmycharity.com>.

If you would like to borrow some promotional items or order a 'Shop in a Box' please call the Supporter Merchandise Team on 01725 514169 or email supportermerchandise@helpforheroes.org.uk or click the links below for more details:

- Pre Event Information – details about promotional items, merchandise, insurance and more.
- Post Event Information – how to pay in your fundraising money, return items and more.

Why not treat yourself to something from our shop to make sure you look the part on event day?! <http://shop.helpforheroes.org.uk/>

If I can be of any assistance or if you would like a volunteer to attend the event (subject to cheque presentation please feel free to contact me.

I have attached a poster about our latest initiative, featured in the Sun newspaper in September – becoming a Friend of Help for Heroes. Please feel free to display the poster if appropriate, and to pass it on. If you need any further help about this don't hesitate to contact me.

Regards
Wendy

You can find out more on our website [here](#) and  and 
Text HERO to 70900 to donate £5 to Help for Heroes. (You will be charged £5 plus your standard network rate.) Mobile Text Telephone helpline - 01494 750 500.

Help for Heroes is a company limited by guarantee. Registered in England and Wales under number 6363256. Registered charity number 1120920.
Help for Heroes Trading Limited is a private company limited by shares. Registered in England and Wales under number 06380957.
BmyHero Limited, trading as Bmycharity, is a private company limited by shares. Registered in England and Wales with company number 07192143.
The Tedworth House Charity is a company limited by guarantee. Registered in England and Wales under number 07647921. Registered charity number 1143004.
Registered Office (all companies): 14 Parker's Close, Downton Business Centre, Salisbury, Wiltshire SP5 3RR
<https://www.helpforheroes.org.uk/>