**98 MAR 2023** 

### Appendix 3b

### **APPLICATION FOR A STREET COLLECTION PERMIT**

**Applicants Name:** 

SHEILA GANLEY

WHITTAKER DANCE AND DRAMA CENTRE

#### **Built Environment**

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

#### Contact

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



1)	A Pricant De	
	In what capacit	y are you applying for a licence?
		Please tick:
a)	An individual	Complete Section A
b)	A person other tha	n an individual
	I. As a c	harity Complete Section B
	II. As a li	mited company Complete Section B
	ill. Other	Complete Section B
	A) Individual A Name, Add	Applicant - ress and details of applicant for the licence who will be responsible for the collection
	Title:	Mr Mrs Miss Ms Forename (s)
	Surname	Date of Birth.
	Home address	
		D. a O. d.
	■ Telephone	Post Code.
	Number	Number
	Email Address	
	B) Non-Individ	ual Applicant – Business, Society or Charity responsible for the proposed Collection
	Name	WHITTAKER DANCE AND DRAMA CENTRE
	Re listered address	135 HORNBY RD
		BLACKPOOL
		Post Code
	Telephone	Mobile
	Number Email Address	Number
	Email Address	
2)	Correspondenc	e Name and Address
	Name	SHEILA GANLEY
	Address.	135 HORNBY RA
		BLACKPOOL
	İ	Post Code
	Telephone Number	Mobile Number
	Email Address	Truinter /

Name of charity or fund for which the Collection / Sale is being made. 3) MARIE CORIE CANCER CARE Name of Charity NEW MANSION HOUSE Address 173-191 Wellington RD STOCKPORT UHA **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 Irish Dancing by students 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? 0 7) Use to which proceeds of this collection are to be put. Marie Corie Cancer Care 8) Objects of the Charity or Fund. To Help People with Cancer 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

**BETWEEN WHAT** 

**HOURS** 

FROM: 2.30

TO:

3.30

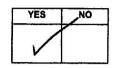
LS/D/520/2/10

DATE

Saturday 29m April 10) Locality within which it is proposed to make the Collection or Sale.

St. John's Square Blackpool

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



Tick as appropriate

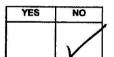
12) If no, please state what deductions will be made (for expenses or any other purpose) and provide an estimate of the sum which will be deducted. This can be shown as a percentage.

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?



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:

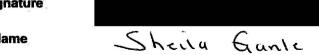
1) Promenade

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.

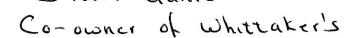
2) Town Centre

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. This has been done

**Usual Signature** 



**Printed Name** 



Date

Capacity

0 03 23

#### **APPLICATION FOR A STREET COLLECTION PERMIT**

Applicants Name: Broadway Stars Morris Dancers



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

#### Contact

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

1)	Applicant Det	<u>tails</u>													
	In what capaci	ty are you a	pplying	for a li	cend										
						Plea	ase	tick:							
a)	An individual							Complet	e Sect	ion A					
b)	A person other tha	an an individ	lual												
	I. As a c	harity						Complet	e Sect	ion B					
	II. As a li	imited comp	any					Complet	e Sect	ion B					
	III. Other							Complet	e Sect	ion B					
		Applicant -	stails of	annlica	ant f	or the licence	wh	o will be re	snoi	neihl	e fo	r the	col	ecti	ion
					]			chelle	оро.	15151	- 10				
	Title:	Mr Mrs	Miss	Ms	Fo	orename (s)									
	<u>Surname</u>	Burke					<u>Da</u>	ate of Birth		XX		ХX		XXX	ΚX
	Home address	XXXXXXXX	(XXXXXX	(XXXXXX	XXX										
							Po	ost Code	х	x	x	-	x	x	x
	Telephone       Number					Mobile Number		XXXXXXXX	ΚΧΧ						<u> </u>
	Email Address	xxxxxxx	xxxxx	XXXXX	(X	- Italiaa									
					_		_			_					
	•	Broadway				ciety or Charit	ty re	esponsible	tor t	ne p	ropo	osed	Col	lect	on
	<u>Name</u>														
	Registered address	As above													
	· · · · · · · · · · · · · · · · · · ·														
							Po	ost Code							
	<b>☎</b> Telephone					<b>☎</b> Mobile	_								
	Number Email Address					Number									
2)	Corresponden		d Addre	ess											
	<u>Name</u>	As above													
	<u>Address</u>														
							Po	ost Code							
	Telephone Number					Mobile     Number	]								<u></u>
	Email Address					HUITIDE		I							

		Broadway Stars Morris Dancers						
ddress					ı	1		
				Post Co	<u>de</u>			
harity Registrati f applicable)	on Number							
The Street Coll	ection will l	oe for the col	lection of:					
Money	1	Property						
**			Tick as appropriat	e				
If proporty is o	ollocted is:	this to give a	way use or sell on b	obalf of o	harity nl	0250 5	tata:	
ii property is co	onected, is	uns to give a	way use or sen on b	enan or c	папцу рі	ease s	iale.	
What method o	of collection	is to take nis	202					
		•		ntortoini	nont / on	ooifio	ovent?	) Dia
			on, line of coins, or e hat is proposed to ta			ecitic	event?	Pie
Bucket collection	n, dance dis	plays during th	he event times					
How many per which the appli			authorise to act as	collector	s in the	area o	f the le	ocal a
which the appli	ication is ac	ldressed?	authorise to act as	collectors	s in the	area o	f the lo	ocal a
which the appli	roceeds of	ddressed?						ocal a
which the applied to	roceeds of	this collectio	n are to be put.					ocal a
which the applied to	roceeds of money goi os Charity or F	this collection towards	n are to be put.	nes for E	nd of se	eason		
which the appli	roceeds of money goi os Charity or F	this collectiong towards	n are to be put.  new dance costur	nes for E	nd of se	eason		
We train weekly to together and make	roceeds of money goios  Charity or F give girls/your friends	this collection g towards  Fund.  Ing adults a place on or Sale, and must be in reconstructed.	n are to be put. new dance costur	nes for E	nd of so	eason a team t	hat grow	vs

**HOURS** 

	Comedy Carpet are	a of the pror	menade Blackpool			
11	YES NO	<b>he receipts</b> Tick as appropi	to be paid over for the benefit	of the Ch	arity or fund?	
12			uctions will be made (for exp Il be deducted. This can be sh		any other purpose) and provide percentage.	а
	Total amount of re	eceipts	Amount to be deducted		Reason for deduction.	
13	) Has a permit for a	Collection	or Sale for a similar object eve	er been re	fused?	
	YES NO	Tick as appropi	riate			
14	) If Yes, please state	e bv which	Licensing Authority, date refus	sed and re	eason given.	
	AUTHORITY		DATE		REASON	
15	) Signature of Appli	cant				
Ιu	nderstand that I am requi	red to conta	ct the following department(s) re	egarding m	y application:	
1)	on telephone numb will need to provide	er (01253) 4 insurance c	78231 to check the dates reques	sted are av	nust immediately contact VisitBlackpo vailable and also to check whether yo and conditions will need to be signed	ou
2)			eet collection within the Town Ce anager on (01253) 476204.	entre, perm	nission should immediately be sought	
	Usual Signature	Michelle B	urke			
	Printed Name	Michelle B	urke			
	Canacity	Troupe Pri	inciple			

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

TO: 5pm

Capacity

Date	04	03	2023
Date			



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

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

\* required information

Section 1 of 10		
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	Dancing on The Comedy Carpet 2023	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  ( Yes ( N		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	BRETT	
* Family name	BRADFORD	
* E-mail	xxxxxxxxxxxxxxxxx	
Main telephone number	xxxxxxxxxxx	Include country code.
Other telephone number	xxxxxxxxxxx	
☐ Indicate here if you wou	ld prefer not to be contacted by telephone	
Are you:		
<ul> <li>Applying as a business of</li> </ul>	or organisation, including as a sole trader	A sole trader is a business owned by one person without any special legal structure.
<ul> <li>Applying as an individual</li> </ul>	al	Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page		
Your Address		Address official correspondence should be
* Building number or name	XX	sent to.
* Street	xxxxxxxxxx	
District		
* City or town	Telford	
County or administrative area	Shropshire	
Postcode	xxxxxxxxx	
* Country	United Kingdom	
Section 2 of 10		
FURTHER DETAILS ABOUT T	HE APPLICANT	
Please note: the applicant mu	st be the organiser of the proposed collection	
Former name(s)	N/A	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
<ul><li>Yes</li></ul>	○ 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		
County or administrative area		
* Postcode		
* Country	United Kingdom	
Further Details		
* Date of birth	xx / xx / xxxx  dd mm yyyy	
* Place of birth	,,,,	7
Section 3 of 10	XXXXXXXX	
	SPONSIBLE FOR THE COLLECTION	
	f the organisation and its objectives	
·	D BLACKPOOLS SOULS IN MOTION RUN BY A CO	OMMITTEE OF 5 DEDSONS WHOS MAIN
	NCE EVENT NAMELY THE COMEDY CARPET ON	

Continued from previous page  DANCE FOR OUR NOMINATED CHARITIES BRIAN HOUSE HOSPICE AND CHILDREN WITH CANCER UK WITH ALL COLLECTION GOING TO THE ABOVE
* Are the proceeds of the collection to benefit this organisation?
○ Yes
Section 4 of 10
CHARITY, FUND OR ORGANISATION TO BENEFIT FROM THE COLLECTION
* Is another organisation going to benefit from your collection?
○ Yes
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 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?
BLACKPOOLS COMEDY CARPET THE HEADLANDS BLACKPOOL
When
* Preferred dates for the collection 27TH MAY 2023
Alternative dates NON
* 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)
EACH COLLECTOR WILL BE CARRYING THE CHARITIES TO WHICH WE ARE RAISING FUNDS SEALED and NUMBERED BUCKETS AND WERAING AN OFFICIAL BLACKPPOOL SOULS IN MOTION T SHIRT
What

Continued from previous page	
Check for local guidance notes licences are required.	which may clarify what is allowable in your area and whether additional permissions or
* Do you plan to hold the colle	ction in conjunction with a carnival, procession or other event?
○ Yes	<ul><li>No</li></ul>
* Do you intend to offer anythi	ng for sale during the collection?
○ Yes	<ul><li>No</li></ul>
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
<b>Statement Of Return</b>	
* Which of the following types proceeds and deductions?	of return will you submit, giving details of
Section 7 of 10	
PREVIOUS APPLICATIONS	
* Have you, or any person nam registration? (check all that app	ed in or associated with this application, previously applied for a similar licence or oly)
☐ No	Yes - application granted and revoked
∑ Yes - application granted	Yes - application refused
<b>Application Granted</b>	
Only provide details about the	most recent application – unless stated otherwise in local guidance notes.
* Local authority applied to	BLACKPOOL
* Date of licence/registration	FEBRUARY 2019
* Reference number	SC0816
* Expiry date	26 MAY 2019
* Local authority applied to	BLACKPOOL
* Date of licence/registration	March 2022
* Reference number	SC918
* Expiry date	
Lxpiry date	28/May/2022
	Remove this granted section
	Add another granted section

Continued from previous page	
Section 8 of 10	
CONVICTIONS	
* Have you, or any person nam	ed in or associated with this application, been convicted of any crime or offence?
○ Yes	<ul><li>No</li></ul>
Section 9 of 10	
ADDITIONAL DETAILS	
	tion which is required or relevant to your application (check for local guidance notes and details of specific requirements in your area)
WE ONLY REQUIRE PERMITS FO	OR THE COMEDY CARPET
Section 10 of 10	
ATTACHMENTS	
AUTHORITY POSTAL ADDRES	S
Address	
Building number or name	
Street	
District	
City or town	
County or administrative area	
Postcode	
Country	United Kingdom
DECLARATION	
* house colllection regulations	ence be granted to me the collection must take place in strict compliance with the house-to- and/or the street collection regulations as appropriate. I am aware that it is also necessary orm of statement within 28 days of the collection taking place.
* This data may be made availate to other departments within	ation I have provided, will be held by the Council on both computerised and manual files. able on a public register if so required by relevant legislation. The data may also be disclosed the Council and other organisations, but only in order to ensure compliance with relevant ourposes or to prevent or detect fraud or a crime.
$\square$ Ticking this box indicat	es you have read and understood the above declaration
This section should be comple behalf of the applicant?"	ted by the applicant, unless you answered "Yes" to the question "Are you an agent acting on
* Full name	
* Capacity	

Continued from previous page	
Date (dd/mm/yyyy)	
* Full name	
* Capacity	
Date (dd/mm/yyyy)	
	Remove this signatory
	Add another signatory
Once you're finished you need	to do the following:

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

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

#### **APPLICATION FOR A STREET COLLECTION PERMIT**

Applicants Name:

LORD JIM R. J. ALLAN OF HOUGUN MANOR

#### **Built Environment**

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

#### Contact

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



#### 1) **Applicant Details** In what capacity are you applying for a licence? Please tick: Complete Section A An individual A person other than an individual 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 LORD Title: Forename (s) JAMES ROBERT JOHN хx XX XXXX **Surname ALLAN Date of Birth Home address Post Code Telephone** Mobile Number Number **Email Address** B) Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection **Name** LORD JIM R. J. ALLAN OF HOUGUN MANOR Registered address XXX XXX Post Code **Telephone** Mobile XXXXXXXXXX XXXXXXXXX Number Number **Email Address** 2) **Correspondence Name and Address** <u>Name</u> LORD JIM R. J. ALLAN OF HOUGUN MANOR **Address** XXX XXX **Post Code Telephone** Mobile xxxxxxxxxx XXXXXXXXX Number Number **Email Address**

Name	of charit	y or fund for	which the Colle	ection / Sale is being made.
Name of	f Charity	MACMILLA	N CANCER SUF	PPORT
		89 ALBERT	EMBANKMENT	Γ
Address	5	LONDON		
				Post Code SE1 7UQ
Charity (		on Number	261017	
The S	Street Coll	ection will be	e for the collect	tion of:
	Money	,	Property	
	Χ			Tick as appropriate
If pro	perty is c	ollected, is tl	nis to give away	y use or sell on behalf of charity please state:
NO P	ROPERTY	TO BE COLI	LECTED	
100			is to take place	
				line of coins, or entertainment / specific event? Please pro is proposed to take place.
	•			rom St Johns Square to bottom of Church Street @ Santander.
will be	many per	or stored from	n any members roposed to auti	can and donate or card donation terminals. No personal information of the public.  horise to act as collectors in the area of the local authority
		ication is add		AGREED 4 COLLECTORS 9/3/23
MAXI	MUM OF	TWENTY AT	ANYONE TIME	
Use to	o which p	roceeds of the	nis collection a	re to be put.
ALL F	UNDS TO	BE USED T	O SUPPORT MA	ACMILLAN CANCER SUPPORT
Obied	cts of the	Charity or Fu	ınd.	
				LOED.
10.50				
1	UPPURT	PEOPLE AFF	ECTED BY CAN	ICER
	UPPORT	PEOPLE AFF	ECTED BY CAN	ICER
	UPPORT	PEOPLE AFF	ECTED BY CAN	ICER
Date (				Detween what hours:
<u>NB</u>	of Propos Please no	ed Collection	n or Sale, and b ust be in receip	
<u>NB</u>	of Propos Please no	ed Collection	n or Sale, and b ust be in receip	petween what hours:

10)	Locality within which it is proposed to make the Collection or Sale.
	FROM ST JOHNS SQUARE TO THE BOTTOM OF CHURCH STREET. HAPPY TO CHANGE IF NEEDED FOR LICENCE TO BE GRANTED.
11)	Are the whole of the receipts to be paid over for the benefit of the Charity or fund?

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.
NONE	NONE	NONE

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

YES	NO
	Χ

Χ

Tick as appropriate

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	James R. J. Allan (By eMail)		
Printed Name	LORD JAMES ROBERT JOHN ALLAN OF HOUGUN MANOR		
Capacity	FUNDRAISINGREPRESENTATIVE: BLACKPOOL & FYLDE COAST		
Date	TUESDAY 28 FEBRUARY 2023		



#### TO WHOM IT MAY CONCERN

22<sup>nd</sup> December 2022

Name of Insured: Macmillan Cancer Support

Principal Address: 89 Albert Embankment, London, SE1 7UQ

We can confirm that we act as insurance brokers on behalf of the above insured, and based on the information provided to us, we are writing to confirm, as at the date of this letter, brief details of our Clients' insurance cover for your information as follows:

#### **Public Liability**

Insurer: Royal & Sun Alliance Insurance Ltd

Policy Number: RSAP0055540300

Cover Basis: Insurers will indemnify the above client in respect of their

legal liability to pay compensation and claimants' costs and expenses in respect of death, injury, illness or disease and third party property damage arising out of their

business.

**Cover Period:** 31<sup>st</sup> December 2022 to 30<sup>th</sup> December 2023

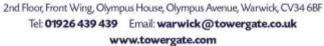
**Indemnity Limit:** £20,000,000 any one occurrence

**Excess:** £500 in respect of Third Party Property Damage













All cover is subject to Insurers policy terms and conditions.

We trust that you will find the above details to be acceptable. Please contact us in writing should you require any further information on this insurance cover, as we shall be pleased to assist if we can.

This letter is given without any liability to the writer or the company.

Yours faithfully

Larisa Price

Team Leader & Senior Account Handler

**Towergate Insurance Brokers** 

Direct Dial: 01926 439517

Email: larisa.price@towergate.co.uk

This document is for information only.

This document does not make you a party to the contract of insurance, nor does it alter the policy in any way. Any alteration can only be made by specific endorsement.

App: 091641

## **Blackpool** Council

#### **APPLICATION FOR A STREET COLLECTION PERMIT**

Applicants Name:

LORD JIM R. J. ALLAN OF HOUGUN MANOR

#### **Built Environment**

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

#### Contact

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



1)	Applicant De	<u>tails</u>								
	In what capac	ity are you applying for a li								
			Plea	ıse tick: □						
a)	An individual			Complet	te Section A					
b)	A person other tha	an an individual								
	I. As a	charity	X	Complet	te Section E	3				
	II. As a	limited company		Complet	te Section E	3				
	III. Other			Complet	te Section B	3				
		Applicant - dress and details of applica	ant for the licence	who will be re	sponsib	le fo	r the	col	ecti	on
	Title:	LORD	Forename (s)	JAMES ROBE	RT JOH	N				
	<u>Surname</u>	ALLAN		Date of Birth	xx	,	XX		XX	
	Home address									
				Post Code						
	Telephone Number		Mobile     Number			1				ı
	Email Address									
	B) Non-Individual Applicant – Business, Society or Charity responsible for the proposed Collection									
	B) Non-Indivi	LORD JIM R. J. ALLAN OF			ior the p	лорс				1011
		LORD JIW R. J. ALLAN OF	- HOUGUN MANOR							
	Registered address									
		xxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXXXXX	(XXX						T
				Post Code	xxx xxx					
	Telephone Number	xxxxxxxxx	Mobile Number	xxxxxxxx	XX					
	Email Address	xxxxxxxxxxxxxxxxxxxxxxx	XXXXXXXXXXXXXXX							
		1								
2)	Corresponden	ice Name and Address								
	<u>Name</u>	LORD JIM R. J. ALLAN O	F HOUGUN MANO	R						
	<u>Address</u>	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxx	xx						
		xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxx	xx						
		1		Post Code	XXX XX	X				
	Telephone Number	xxxxxxxxxx	Mobile Number	xxxxxxxxx	xx					
	Email Address	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<del>XXX</del> XXXXXXXXXX							

3)	Name of charit	lame of charity or fund for which the Collection / Sale is being made.					
	Name of Charity	DIABETES	DIABETES UK				
	NORTHWEST AREA OFFICE, UNIT C, 2ND FLOOR, DALLAM COURT,						
	Address	DALLAM LA	NE, WARRING	STON,			
					Post Code	WA2 7LT	
	Charity Registrat	ion Number	215199	,			
4)	The Street Col	lection will be	e for the collec	ction of:			
	Money	/	Property	$\exists$			
	X			Tick as appropriate			
	If property is c	ollected, is th	nis to give awa	y use or sell on be	half of chari	ity please state:	
	NO PROPERTY	TO BE COLL	LECTED				
5)	What method of	of collection i	is to take place	e?			
•,	For example w	ill it be a buc	ket collection,	, line of coins, or e t is proposed to ta		t / specific event?	Please provide
						of Church Street @	Cantandar
	volunteers may	have QR code	e for public to s	From St Johns Squa scan and donate or o			
	will be collected	or stored fror	m any members	s of the public.			
6)		rsons is it proposed to authorise to act as collectors in the area of the local authority to ication is addressed?  AGREED 4 COLLECTORS 9/3/23					
	MAXIMUM OF	TWENTY AT	ANYONE TIME				
7)	Use to which p	roceeds of th	nis collection a	are to be put.			
	ALL FUNDS TO	BE USED TO	) SUPPORT DI	ABETES UK			
)	Objects of the	Charity or Fu	ınd.				
	TO SUPPORT	PEOPLE AFF	ECTED BY DIA	BETES			
9)	Date of Propos	ed Collection	n or Sale, and	between what hou	re•		
<b>J</b>	NB Please no		ust be in recei	ipt of your applica		28 days prior to th	ne
	DATE	FRID 23 JUN		BETWEEN WH	IAT FR	OM: 09:00	
		& SAT 24 JU	INF 2023	HOURS	ТО	: 18:00	

10)	Locality	within v	which it is proposed to make the Collection or Sale.
			S SQUARE TO THE BOTTOM OF CHURCH STREET. NGE IF NEEDED FOR LICENCE TO BE GRANTED.
11)	Are the	whole of	the receipts to be paid over for the benefit of the Charity or fund?
	YES	NO	
	Х		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.
NONE	NONE	NONE

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

YES	NO
	Χ

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	James R. J. Allan (By eMail)	
Printed Name LORD JAMES ROBERT JOHN ALLAN OF HOUGUN MANOR		
Capacity	FUNDRAISING AMBASSADOR: NORTHWEST REGION	
Date	TUESDAY 28 FEBRUARY 2023	

### APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JOANNA

AUITT



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

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

1)	Applicant Deta	<u>ails</u>												
	In what capacity	y are you a	pplying	for a lie	cence?									
		•				Pleas	se tick:							
a)	An individual						Complet	e Sect	ion A					
b)	A person other than	n an individ	lual											
	I. As a c	harity					Complet	e Sect	ion B					
	II. As a li	mited comp	any				Complet	a Cuat	ion D					
	III. Other					-	-							
							Complet	e Sect	ion B					
	A) Individual A Name, Addi		tails of	applica	ant for the lic	once	who will be re	snor	eible	for	the	coll	o o t l e	
	Title:				1	Г	will will be re		121016	101	tne	COII	ectio	חכ
	ride.	Mr Mrs	Miss	Ms	Forename	(s)								
	Surname						Date of Birth							
	Home address													
							Post Code		T					
	Telephone     Number	,			<b>☎</b> Mol									
	Email Address				Nun	iber								
	B) Non-Individ	dual Applica	ant – Bu	siness	, Society or 0	Charit	y responsible	for t	he pr	opo	sed	Col	ecti	on
	Name	BUE	2 9	skie	S 40	SPI	TALS.	FU	2	2/5	JO:	A.S.	NA	3
	Registered address	PLAC	100	00L	VICTO	م ر م	+ hour		TAT		`			
	address						1 1(00)	-						
		WHIN	0.542			RO	Post Code	_		3	T	C	. \	e
	Telephone	BLAC	Kto	101	■ Mol	bile	<u>Post Code</u>	+	7	7		8	N	_
	Number					ber								
	Email Address													
2)	Correspondence	ce Name an	d Addr	<b>28</b> 6										
-,	<u>Name</u>	,	- Addit			· · · · · · · · · · · · · · · · · · ·								
	2101110													
	Address													
							Post Code							
	Telephone Number				<b>☎</b> Mo	bile nber		1						I
	Number Email Address	,			Nul	IDEI								

	Name of chari	ty or fund	for which the Col	lection / Sale is bei	ng made.		
1	Name of Charity	RI	JE S KIES	HOSPITALS	· 6	20	
		BUR	CICPOOL	HOSPITALS VICTOR IA	ta	SPITAL	
1	Address	WHI	NNEY .	HEUS &	0		
		BUP	terpool	MEUS &	Post Code	E78	8 2 8
(	Charity Registrat		er 10515				
	The Street Col	lection wi	ll be for the collec	tion of:			
	Mone	y	Property			÷	
				Tick as appropriate			
	If property is c	ollected, i	s this to give awa	y use or sell on bel	nalf of chari	tv please state:	
	What method	of collection	on is to take place	2			
	For example w	ill it be a	bucket collection	line of coirs or an	itertainmen	t / specific event?	Place provi
	- a accomplication	i tile type	or conection that	is proposed to take	e place.	cropcomo eventr	riease provi
	Bucket	Colle	ention			+	
	How many per which the appl	sons is it	t proposed to aut	horise to act as co	ollectors in	the area of the loc	al authority
	×8						
	~0						
	Use to which p	roceeds	of this collection a	re to be put.			
	Ennance	e Pa	tent Ca	re / spors	ice eo i	NACC.	
	Pan of	aur	25 A	re/spors	Agre	Lack	
	Objects of the						
	Enhanc	0	etant Co	we.			
	Date of Propos	od Callac				1	-
	NB Please no	te that we	must be in receir	etween what hours ot of your application		8 days prior to the	
		ohosea co	Dilection			- Fire to tile	
	DATE	5/7	123	BETWEEN WHA HOURS	FRO	9.30 A	4
					TO:	9.30pl	1
						v	

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

UP WATERLOOD RD to Prenton New Road Along East PARK DRIVE TO THE HOSPITA	\	HEREOU	GATE, ALONG	ON STARR	Ges
WARECESS EST 40	ad Along	new	eo to Presi	WATCRLOO	UP

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

YES	NO	]
/		Tick as a

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	JOAN	JOANNA ALLITT							
Capacity	Cou	MUN,	TY =	FUND CAISER					
Date	or	03	2023						

#### APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

ABBIE

WICK

**Built Environment** 

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

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



1)	<u>Applica</u>	nt Deta	ils												
	In what o	capacity	are yo	и ар	plying	for a lic	ence?								
								Pleas	se ti ¬	ck:					
a)	An individua	al							اً	Complete	Section A				
b)	A person ot	her than	an ind	lividu	ual				,	,					
	I.	As a ch	arity					V	3	Complete	Section B				
	H.	As a lin	nited co	ompa	any					Complete	Section B				
	101.	Other								Complete	Section B				
	A) Indi	vidual A	pplicar	nt - d det	tails of	applica	ent for th	e licence	who	o will be res	ponsib	le for	the co	ollectio	on
		ie, Addi		Ars	Miss	Ms	Forenz								
	Title:	Į	1411 1	7113	IVIIOO	1410			L 1					T	_
	Surname								Da	te of Birth					
	Home add	ress													_
					_				Po	st Code					
	Telepho	one					2	Mobile	_						
	Numbe							Number							
	Email Add	iress													
	B) Noi	n-Individ	lual Ap	plica	ant – Bi	usiness	, Society	or Chari	ty r	esponsible	for the	propo	sed C	ollect	ion
	<u>Name</u>		1	ΉE	C	HRIST	IE	CHARI	TF	ABLE F	UND				
	Registere	<u>ed</u>	1.	-4		ANIN	LEFOR	'O 8	20						
	address		0-	- 1											
			N	17 +	11/1/6	TON			T	ost Code			- 2	2 1	1
							9	Mobile		OST COde	M/2	0		) h	11
	Teleph Numbe							Number							
	Email Ad	dress													
			_												
2	) Corres	ponden	ce Nan	ne ar	nd Add	ress									
	Name		P	HBK	318	WICK									
	Address		2-	-4	(A	NDLE	FORD	RD							
						ton									
			1		HIVE	1010			F	ost Code	M 2	7	3	11	
	2 Telepi	hone					9	Mobile			114/2		1	ـــالـــــــــــــــــــــــــــــــــ	4
	Numb		-					Number							
	Email Ac	dress													

3)	Name of charity	y or fund fo	or which the Collec	ction / Sale is bei	ng made.			
	Name of Charity	The	Christie	Chonita	ble -	fund		
		2-1	4 CAND	LEFORD	RD			
	Address	MI	THIN670	,		<del></del>		
					Post Code	M 2	0 3	
	Charity Registrat (if applicable)	ion Numbe	10497	5)				
4)	The Street Col	lection will	be for the collect	ion of:				
	Mone	у	Property	Tick as appropriate	9			
						ite alanga	etato:	
	If property is o	collected, is	s this to give away	use or sell on b	ehalt of chai	tty piease	State.	
5)	What method	of collection	on is to take place	?			a ayont? Plans	se provide
	a description	of the type	oucket collection, of collection that	is proposed to ta	ake place.			
	Street	COILE	to Bla	sing bud	kets bire	out was	the	
	Monc	nister	to bu	actool	Direc	1100		
6)	How many powhich the app	ersons is it	t proposed to aut addressed?	horise to act as	collectors i	n the area	of the local a	uthority to
	4							
7)			of this collection a					ı
	TO SUF	PORT &	- DEVELOP F PROVING PA	OUR KEY F	treps	WITHII	V THE ENCE	
	· FACILIAT	ING HIL	SH QUAUTY RE	SEARCH PROG	RAMMES HE DEVE	SUPPOR	TING UT OF SER	VICES.
8)	Objects of th	ie Charity o	rrunu pp AM	LATING + (LIDDA	MING DE	VCLUVITICI	101 01 31	AFF.
	THE CH and beg	RISTIE Jund W	CHARITY Pr hout the N	ovidls enh iris funds.	anced .	services	abov-c	
9)	Date of Prop	osed Colle	ction or Sale, and	between what he	ours:	at 20 days	nrior to the	
	NB Please date of	note that v	ve must be in rece collection	_	_	si zo days	Prior to tile	
	DATE	09/0	7/23	BETWEEN !		FROM: [(	0:00 AM	
		-1-				то: [=	7:00pm	
	date of	proposed	collection 7/23	BETWEEN	WHAT S	FROM: [(		

	Locality within whi	cii it is proposed to mar	te the concollent of v	pale.	
	SOUTH PRO	OMENADE AND SOLARIS CENTR	STREETS LE	SURROUNDING	
11)	Are the whole of the	ne receipts to be paid ov	er for the benefit of	the Charity or fund?	
		Tick as appropriate			
12)	If no, please state estimate of the sur	what deductions will ! m which will be deducte	pe made (for expen d. This can be show	ses or any other purpose) and providence or any other purpose) and providence or as a percentage.	le a
	Total amount of re	ceipts Amount to	be deducted	Reason for deduction.	
13)	Has a permit for a	Collection or Sale for a	similar object ever b	een refused?	
	YES NO	Tick as appropriate			
14)	If Yes, please stat	e by which Licensing Au	ithority, date refuse		
		DATE		REASON	
	AUTHORITY	DATE			
	AUTHORITY	DATE			
4.5					
15)	Signature of Appl	icant	ng denartment(s) rega	rding my application:	
	Signature of Apple and erstand that I am requested Promenade If you are planning on telephone number will need to provide	icant ired to contact the following to hold a street collection per (01253) 478231 to che	on the Promenade you ck the dates requeste note, VisitBlackpool's	rding my application:  ou will must immediately contact VisitBlacked are available and also to check whether is terms and conditions will need to be sign	r you
Lur	Signature of Apple and erstand that I am request Promenade If you are planning on telephone number will need to provide and a tramway action Town Centre If you are planning	icant ired to contact the following to hold a street collection per (01253) 478231 to che e insurance cover. Please ivity permit may also be re	on the Promenade youck the dates requested note, VisitBlackpool's equired.	ou will must immediately contact VisitBlacked are available and also to check whether	r you ned
l ur	Signature of Apple and erstand that I am request Promenade If you are planning on telephone number will need to provide and a tramway action Town Centre If you are planning	icant ired to contact the following to hold a street collection per (01253) 478231 to che is insurance cover. Please ivity permit may also be re- to hold a street collection	on the Promenade youck the dates requested note, VisitBlackpool's equired.	ou will must immediately contact VisitBlack ed are available and also to check whether is terms and conditions will need to be sign	r you ned
l ur	Signature of Applementation of	icant ired to contact the following to hold a street collection per (01253) 478231 to che insurance cover. Please ivity permit may also be resto hold a street collection attre Admin Manager on (0)	on the Promenade youck the dates requested note, VisitBlackpool's equired.  within the Town Cent 1253) 476204.	ou will must immediately contact VisitBlacked are available and also to check whether is terms and conditions will need to be signer, permission should immediately be sou	r you ned
l ur	Signature of Apple and erstand that I am request and I am request If you are planning on telephone number will need to provide and a tramway action Town Centre If you are planning from the Town Cerus Usual Signature	icant ired to contact the following to hold a street collection per (01253) 478231 to che e insurance cover. Please ivity permit may also be resto hold a street collection intre Admin Manager on (0	on the Promenade youck the dates requested note, VisitBlackpool's equired.  within the Town Cent 1253) 476204.	ou will must immediately contact VisitBlacked are available and also to check whether is terms and conditions will need to be signer, permission should immediately be sou	r you ned



The Christie Charity 2-4 Candleford Road Manchester M20 3JH

10th February 2023

Dear Abbie,

As an employee of The Christie Charitable Fund you are authorised to organise and apply for a street collection permit on behalf of The Christie charity.

This letter recognises Abbie Wick as supporting the work of The Christie Charitable Fund, all proceeds raised from fundraising activities will be directed to The Christie charitable fund.

The name of The Christie NHS foundation Trust's charity is The Christie Charitable Fund. This is registered with the Charity Commission as Charity No. 1049751. The Christie accepts no responsibility for the handling of monies until the receipt of the final donation.

If you have any question on any of the above, please do not hesitate to contact me using my details below.

Best wishes.

Louise Stimson (she/her/hers)

Head of Fundraising

www.christie.nhs.uk



1)	<b>Applicant Det</b>	ails			
	In what capacit	ty are you applying for a lic	ence?	se tick:	
				Complete Se	ection A
a)	An individual		4	3	
b)	A person other tha	n an individual		··	
	I. As a c	harity	V	Complete Se	ection B
	II. Asali	mited company		Complete S	ection B
	III. Other			Complete S	ection B
		8 H 4			
	A) Individual A Name, Add	Applicant - Iress and details of applicat	nt for the licence	who will be resp	onsible for the collection
	Title:	Mr Mrs Miss Ms	Forename (s)		
	8			Date of Birth	
	Surname				
	Home address				
				Post Code	
	Telephone Number		Mobile Number		
	Email Address				
			a 1 ( Ob and	amanaible fe	r the proposed Collection
	B) Non-Indivi	dual Applicant – Business,			
	<u>Name</u>	NATIONAL COAST	VATCH INST	17011010	FUELWOOD
	Re istered address	17 DEAN	51		
	•	LISKEARD			
		CORNWALL	,	Post Code	OLI44 AB
	Telephone	03001111202	Mobile     Number		
	Number Email Address	adminorar		C	
2)	Corresponder	nce Name and Address			
	<u>Name</u>	GILLIAN C	00PEK		
	Address				
				Post Code	
	Telephone		Mobile		
	Number		Number		
	Email Address				

3)	Name of charit	y or fund for which the	Collection / Sale is b	eing made.		
Name of Charity NATIONAL COASTWATCH INSTITUTION						
	Address	17 DEAN ST LISKEAKD				
		COLNWALL		Post Code	PLI4	4 AB
	Charity Registration (if applicable)	on Number 115	9975		Si = 3	
4) The Street Collection will be for the collection of:						
	Money	Property	Tick as appropriate	•		
	If property is co	llected, is this to give a	way use or sell on be	half of charity	/ please state:	
		NIA				
	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.					
	Bucke	1 AND	SEALED T	INS		
		ons is it proposed to a ation is addressed?	authorise to act as c	ollectors in th	e area of the local	l authority to
	12 ma	eximum				
	Use to which pro	ceeds of this collection	are to be put.			
	OPEATION TOWER	N OF NCT	. FLEETWOOD	on Ross	SALL POINT	
	Objects of the Cha	arity or Fund.				_
	SAVING	LIVES AT	SEA			
L						
	NB Please note t	Collection or Sale, and hat we must be in rece used collection			ays prior to the	
	DATE 2	2/7/2023	BETWEEN WHA	FROM:	1000	
				TO	1700	

6)

7)

8)

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

ROSSALL POINT TOWER (8.5 MILES)

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

YES	NO
-	

Tick as appropriate

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

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

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

YES	NO	
	1	

Tick as appropriate

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

DATE	REASON	
	DATE	DATE REASON

#### 15) Signature of Applicant

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2) Town Centre

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

Printed Name: CILLIAN COOPER
Capacity OPERATIONS SECKETARY
Date 24 02 7073