Appendix 3b

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:	Kayleigh Penn, Brian House Children's Hospice
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Built Environment

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

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



1)	Applicant Det	<u>ails</u>						
	In what capacit	y are you applying	for a lic		. 0.1			
	* * * * * * * * * * * * * * * * * * *			Piea	Complete Se	ction A		
a)	An individual			L	Complete Sc	CHOII A		
b)	A person other tha			_				
	I. As a c	-			Complete Se	ction B		
		mited company			Complete Se	ction B		
	III. Other				Complete Se	ction B		
	A) Individual A Name, Add	Applicant - ress and details of	applica	nt for the licence	who will be respo	onsible for	the coll	ection
	Title:	Mr Mrs Miss	Ms	Forename (s)				
	<u>Surname</u>				Date of Birth			
	Home address							
					Post Code			
	Telephone Number			Mobile Number	'		1 1	I
	Email Address			1100000				
	D) Non-In-division	luck Amuliaant Du	_:	On allater are Objective		41		
	B) Non-Individ	lual Applicant – Bus				tne propos	sea Coll	ection
		Kayleigh Penn, I	Brian F	House Children	s Hospice			
	Registered address	Brian House	Childre	en's Hospice				
		Low Moor Ro	ad					
		Blackpool			Post Code X	x x	x	x x
		XXXXXXXXXX		Mobile Number				
	Email Address	xxxxxxxxxxxxx	Κ					
2)	Correspondence	ce Name and Addre	ss					
	<u>Name</u>	Kayleigh Penn						
	<u>Address</u>	Brian House	Childr	en's Hospice				
		Low Moor R	load					
		Blackpool			Post Code X	хх	x	x x
	Telephone Number	xxxxxxxxx		Mobile Number		1 1 1	ı l	ı
	Email Address	xxxxxxxxxx						

3)	Name of charit	y or fund for	which the Col	lection / Sale is be	ing made	9.	
	Name of Charity Brian House Children's Hospice						
		Low Moor	Road				
	Address	Blackpool					
					Post Co	de F Y 2 0) B G
	Charity Registrat (if applicable)	ion Number	511009				
4)	The Street Col	lection will be	e for the collec	ction of:			
	Money	/	Property				
		<u>'</u>		Tick as appropriate	e		
	If property is c	ollected, is th	nis to give awa	ay use or sell on be	ehalf of c	harity please state:	
5)	What method of	of collection i	s to take place	e?			
				, line of coins, or ϵ t is proposed to ta		nent / specific event? P	lease provide
	town centre	e and along	Blackpool P	Blackpool we will romenade provid I be live for 8 we	ding info	group of volunteers a rmation about the trai	round the I, collecting
6)	How many per which the appl			thorise to act as o	collectors	s in the area of the loca	l authority to
	4 people daily	/ .					
7)	Use to which p	roceeds of th	nis collection a	are to be put.			
	Fund the world	k of Brian H	ouse Childre	en's Hospice			
3)	Objects of the	Charity or Fu	ınd.				
	Provide pallia	tive care fo	r children wit	h life limiting illno	esses or	n the Fylde Coast.	
9)	Date of Propos	end Callection	n or Sale and	between what hou	ıre:		
3)	NB Please no		ust be in recei			ast 28 days prior to the	
	DATE	13/04/24		BETWEEN WH	ТАН	FROM: 9.00am	
		09/06/24				TO: 5.00pm	7

8)

	YES NO				
	✓	Tick as appropriate			
12			be made (for expenses o d. This can be shown as	r any other purpose) and provid a percentage.	e ar
	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 been re	efused?	
	YES NO	Tick as appropriate			
14			thority, date refused and		
	AUTHORITY	DATE		REASON	
15	Signature of Appli	cant			
Ιu	inderstand that I am requi	red to contact the followin	g department(s) regarding r	ny application:	
1)	on telephone number will need to provide	er (01253) 478231 to che	ck the dates requested are a note, VisitBlackpool's terms	must immediately contact VisitBlackpayailable and also to check whether and conditions will need to be signer	you
2)	If you are planning t	to hold a street collection tre Admin Manager on (0°		mission should immediately be soug	ıht
	Usual Signature	xxxxxxxxxx			
	Printed Name	Kayleigh Penn			
	Capacity	Events Manager			
	Date	04 03	2024		
LS	S/D/520/2/10				

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

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

an

Blackpool Town Centre, Tower Festival Headlands

10)

11)

App: 094720

BlackpoolCouncil

02 FEB 2024

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

WHITTAKER DANCE AND DRAWA CENTRE

Built Environment

が発

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 applying for a licence?
-1	A so two distributed	Please tick: Complete Section A
a)	An individual	
b)	A person other tha	
	l. As a c	Complete Section B
	II. As a li	mited company Complete Section B
	III. 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	
		Post Code
	Telephone Number	Mobile Number
	Email Address	, manipor
	D) Alam Individu	
	B) Non-Individ	ual Applicant – Business, Society or Charity responsible for the proposed Collection
		WHITTAKER DANCE AND DRAMA CENTRE
	Registered address	135 HORNBY RD
		BLACKPOOL
		Post Code F 41 4 J 4
	Telephone Number	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Email Address	
2)	Correspondenc	e Name and Address
	<u>Name</u>	SHEILA NORBURY
	Address	135 HORNBY RD.
		BLACKPOOL
		Post Code Fy Ly J G
	Telephone Number	
	Fmail Address	

		h the Collection / Sale is	moning made.			
Name of Charity MARIE CURIE						
Address	1. Emb	sassy Gard	ens	LONDON		
			Post Code	SWII	7 BW	
Charity Registration (if applicable)	on Number					
The Street Colle	ection will be for th	ne collection of:				
Money	Prope	Perty Tick as appropri	iate			
If property is co	llected, is this to g	jive away use or sell on	behalf of char	ity please state:		
	collection is to tal	ke place? llection, line of coins, o	r ontortoinmon	t lenesifis sur 10	Di	
a description of	the type of collect	tion that is proposed to	r entertainmen take place.	t / specific event?	Please prov	
Bucket	c collect	non whilst	bote	ents		
1	RISH D	non whilst ANGNG				
How many pers	ons is it proposed	d to authorise to act as	collectors in	the area of the lo		
which the applic	ation is addressed	a r			cai autnoriti	
which the applic	ation is addressed	a r			cai autnority	
<i>6</i>	auon is addressed	ection are to be put.			cai autnorit	
Use to which pro	auon is addressed	ection are to be put.			cai autnorit	
Use to which pro	oceeds of this colle	ection are to be put.			cai autnorit	
Use to which pro	Diceeds of this collection of Fund.	ection are to be put.			cal authority	
Use to which pro	Diceeds of this collection of Fund.	ection are to be put.			cal authority	
Use to which pro MAR Objects of the Cl	beceeds of this collection or Sale	ection are to be put.	Cance		cal authority	
Use to which pro MAR Objects of the Cl	beceeds of this collection or Sale	ection are to be put.	Cance		cal authority	
Use to which pro MAR Objects of the Ci Date of Proposed NB Please note date of prop	harity or Fund. Collection or Sales that we must be in	ection are to be put.	Cance urs:	3 days prior to the	cal authority	

8)

9)

	Bladepool	Centre infront Johns Church	, of
	SV	Johns Church	
11)		to be paid over for the benefit of the C	charity or fund?
	YES NO Tick as appropri	riate	
12)		uctions will be made (for expenses of the deducted. This can be shown as	or any other purpose) and provide an a percentage.
	Total amount of receipts	Amount to be deducted	Reason for deduction.
		de la constantina de	
13)	Has a permit for a Collection	or Sale for a similar object ever been r	refused?
	YES NO		
		viata.	
	Tick as appropr	nate	
14)		Licensing Authority, date refused and	_
14)	If Yes, please state by which	Licensing Authority, date refused and	reason given. REASON
14)			_
14)			_
14)			_
14)			_
15)	AUTHORITY Signature of Applicant		REASON
15)	Signature of Applicant restand that I am required to conta	ct the following department(s) regarding	my application:
15)	Signature of Applicant restand that I am required to conta Promenade If you are planning to hold a stree on telephone number (01253) 4	ct the following department(s) regarding eet collection on the Promenade you will 78231 to check the dates requested are	my application: must immediately contact VisitBlackpool available and also to check whether you
15)	Signature of Applicant restand that I am required to conta Promenade If you are planning to hold a stre on telephone number (01253) 4 will need to provide insurance c	ct the following department(s) regarding eet collection on the Promenade you will 78231 to check the dates requested are over. Please note, VisitBlackpool's term	my application: must immediately contact VisitBlackpool available and also to check whether you
15) I unde	Signature of Applicant restand that I am required to conta Promenade If you are planning to hold a stree on telephone number (01253) 4	ct the following department(s) regarding eet collection on the Promenade you will 78231 to check the dates requested are over. Please note, VisitBlackpool's term	my application: must immediately contact VisitBlackpool available and also to check whether you
15) I unde	Signature of Applicant restand that I am required to conta Promenade If you are planning to hold a stre on telephone number (01253) 4 will need to provide insurance c and a tramway activity permit m	ct the following department(s) regarding eet collection on the Promenade you will 78231 to check the dates requested are over. Please note, VisitBlackpool's term ay also be required.	my application: must immediately contact VisitBlackpool available and also to check whether you s and conditions will need to be signed
15) I unde 1)	Signature of Applicant restand that I am required to conta Promenade If you are planning to hold a stre on telephone number (01253) 4 will need to provide insurance c and a tramway activity permit m Town Centre If you are planning to hold a stre	ct the following department(s) regarding eet collection on the Promenade you will 78231 to check the dates requested are over. Please note, VisitBlackpool's term ay also be required.	my application: must immediately contact VisitBlackpool available and also to check whether you s and conditions will need to be signed
15) I unde 1)	Signature of Applicant restand that I am required to conta Promenade If you are planning to hold a stre on telephone number (01253) 4 will need to provide insurance c and a tramway activity permit m Town Centre If you are planning to hold a stre from the Town Centre Admin Me	ct the following department(s) regarding eet collection on the Promenade you will 78231 to check the dates requested are over. Please note, VisitBlackpool's term ay also be required. eet collection within the Town Centre, per anager on (01253) 476204.	my application: must immediately contact VisitBlackpool available and also to check whether you s and conditions will need to be signed
15) I unde 1)	Signature of Applicant restand that I am required to conta Promenade If you are planning to hold a stre on telephone number (01253) 4 will need to provide insurance c and a tramway activity permit m Town Centre If you are planning to hold a stre from the Town Centre Admin Me	ct the following department(s) regarding eet collection on the Promenade you will 78231 to check the dates requested are over. Please note, VisitBlackpool's term ay also be required.	my application: must immediately contact VisitBlackpool available and also to check whether you s and conditions will need to be signed

Kelly Guy

From: Ryan Skyrme

Sent: 05 February 2024 20:31

To: Kelly Guy

Subject: Re: Emailing: 20 april 2024 Whlttaker dance

CAUTION: This email originated from outside of the organisation. Do not provide any login or password details if requested. Do not click on any links or attachments unless you are sure that the content is safe. If you are unsure about this email or its content forward it to: cyber.security@blackpool.gov.uk.

Hi Kelly,

Consent granted.

I have already booked them in my end after a call with Shelia last week 😂

Kind regards

Ryan Skyrme Operations Manager Blackpool BIDs Ltd

From: Kelly Guy

Sent: Monday, February 5, 2024 3:08:24 PM

To: Ryan Skyrme

Subject: Emailing: 20 april 2024 Whittaker dance

Hi Ryan,

Please confirm Bid consent.

Kelly

Would you like to be kept up to date with Blackpool Council news? Sign up here - www.blackpool.gov.uk/YourBlackpool http://www.blackpool.gov.uk/EmailDisclaimer/ This message has been scanned for inappropriate or malicious content as part of the Council's e-mail and Internet policies.

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Blackpool October 1

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JIM R.J. ALLAN | ON BEHALF OF MACMILLAN CANCER SUPPORT



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 a) An individual b) A person other than an individual 1. Complete Section B As a charity II. As a limited company Complete Section B 111. Other Complete Section B A) Individual Applicant -Name, Address and details of applicant for the licence who will be responsible for the collection Title: Mrs Miss Ms Forename (s) JIM **Sumame Date of Birth ALLAN** Home address **Post Code ☎** Telephone Mobile Number Number **Email Address** B) Non-Individual Applicant - Business, Society or Charity responsible for the proposed Collection **Name** JIM ALLAN Registered address Post Code **Telephone** Mobile Number Number **Email Address** 2) Correspondence Name and Address <u>Name</u> JIM ALLAN Address Post Code Telephone Mobile Number Number **Email Address**

)	Name of charit	Name of charity or fund for which the Collection / Sale is being made.								
	Name of Charity	MACMILLA	N CANCER SI	UPPORT						
		89 ALBER	T EMBANKME	NT						
	Address	LONDON								
		LONDON			Post Code	SE	1		7	ט ע
	Charity Registrat	ion Number							<u> </u>	
	(if applicable)		261017					-		
)	The Street Col	lection will be	e for the collect	tion of:						
	Mone	у	Property	-						
	X			Tick as appropriate	e					
	If property is o	collected, is t	his to give awa	y use or sell on b	ehalf of ch	arity ple	ase s	tate:		
	N/A									
	What method	of collection	is to take place	97						
				line of coins, or a		ent / spe	ecific	event	:? Ple	ease pro
	BUCKET COL BARRIER AT MARKET.	LECTION: F BOTTOM OF	ROM ACCESS CHURCH ST	S BARRIER AT T FREET & ACCES	OP OF CI	EDAR S R AT A	QUA BINC	R TO	ACC STR	ESS
,	How many pe	ersons is it polication is ad	roposed to aut	thorise to act as	collectors	in the a	rea c	of the	local	authori
	FOUR AT AN	Y ONE TIME					· ·			
	Use to which	proceeds of t	his collection a	re to be put.			-			
	SUPPORT TH	IE WORK OF	MACMILLAN	CANCER SUPP	PORT	. ,,-		·		
	Objects of the	Charity or Fu	ınd.						_]
	TO SUPPOR	T PEOPLE	AFFECTED E	BY CANCER	·	··· <u>-</u> -				7
	Date of Propos	sed Collection	n or Sale, and b	petween what hou	ırs:					
	NB Please no		ust be in receir	ot of your applica		t 28 day	s pri	or to t	he	
	DATE	FRIDAY 1	7 MAY 2024	BETWEEN WI HOURS	HAT F	ROM: 09	 9:00		-	
		SUNDAY 1	9 MAY 2024			O: _{18:00}				

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

BUCKET COLLECTION: FROM ACCESS BARRIER AT TOP OF CEDAR SQUAR TO ACCESS BARRIER AT BOTTOM OF CHURCH STREET & ACCESS BARRIER AT ABINGDON STREET MARKET.

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

YES	NO]
YES		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]
	NO	Tick as appropriate

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

AUTHORITY	DATE	REASON	No. NewYork Co.

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				
rinted Name	JIM R. J	. ALLAN		4
Capacity	FUNDRA	AISING REF	PRESENTATIV	E: BLACKPOOL & FYLDE COAST
Date	22	01	2024	



RISK ASSESSMENT: STREET COLLECTIONS

ONLY TO BE USED IN CONJUNCTION WITH A VAILD PUBLIC LIABILITY INSURANCE CERTIFICATE.

REFERENCE	JOINT ASSESSMENT FOR: THE ROYAL BRITISH LEGION DIABETES UK MACMILLAN CANCER SUPPORT	ACTIVITY DESCRIPTION	Volunteers with collection buckets & tins. To collect donations from members of the public. Possibility to have QR Code & Contactless Card Machines to collect donations.
ASSESSMENT DATE	01 JANUARY 2024	DESCRIPTION	Fundraising, Community Fundraising & Poppy Appeal. Volunteer / Staff manned post.
ASSESSOR NAME	Lord Jim R. J. Allan of Hougun Manor Lead Volunteer with: THE ROYAL BRITISH LEGION DIABETES UK MACMILLAN CANCER SUPPORT	REVIEW DATE	31 DECEMBER 2024
ORG UNIT	THE ROYAL BRITISH LEGION, DIABETES UK & MACMILLAN CANC FUNDRAISING, MASS EVENTS & POPPY APPEAL, COMMUNITY F		·
TYPE OF PEOPLE EXPECTED	Lead Volunteers & Poppy Appeal Organisers Volunteers (with the possibility of local Cadet units & members Members of the Public Charity Members of Staff Venue Staff	s of the Armed Forces)	
LOCATION	VARIOUS LOCATIONS	NUMBER OF PEOPLE EXPECTED	500 (PER DAY)
RISK ASSESSMENT CATEGORY	PUBLIC SAFETY	DATE RECORD CREATED	01 JANUARY 2024

Please ensure that you read any other health and safety guidelines supplied.

COMMON - SENSE: IF YOU DO NOT FEEL SAFE CANCEL ACTIVITY

HAZARD	EXISTING CONTROL MEASURES	INI	TIAL R	ISK	PROPOSED CONTROL MEASURES TO REDUCE RISK	ACTION DATE	
		L	S	R			
Manual Handling	Test weight of items before lifting and moving.	2	2	2	If possible, use a trolly to assist in moving items. Always walk facing forward and push the trolly in front of you.	AS REQUIRED AT EVERY EVENT	
	Ask for assistance if you feel item is too heavy for one person.				Walking backwards and pulling a trolley may risk you bumping into structures, displays or other people. If		
					necessary, how two people operating the trolley one at the front and one at the rear.		
Fire & Bomb Threats	No smoking (including e cigarettes),	2	2	2	Do not try to fight a fire yourself. Dial: 999 or 112	AS REQUIRED AT EVERY EVENT	
	No flammable substances, or open flames on or within the vicinity of the collection.				Always make sure that you have a safe route to leaving the area should any incident occur.		
Adverse Weather	Be aware of the weather. Volunteers should take warm & waterproof clothing. Wear layers &, if necessary, use sunscreen	2	2	2	Check the weather forecast before leaving for the event.	AS REQUIRED AT EVERY EVENT	
Excessive Noise	Please respect the fact that not everyone passing will want to donate or stop. Always keep noise to a minimum.	2	2	2	You must not make any noise to attract persons to your collection. For example, do no shake collection devices to attract attention. THIS IS ILLEGAL UNDER CHARITY COMMISSION RULES.	AS REQUIRED AT EVERY EVENT	
Litter & Pollution	Refuse must be taken away at the end of the day or put into authorised waste disposal.	2	2	2	Take everything away with you that you brought. Dispose of waste only in an approved manor	AS REQUIRED AT EVERY EVENT	
Security, Verbal or Physical Assault and Theft.	Be always vigilant. If a situation occurs inform the event lead immediately.	2	2	2	Do not try and stop a thief yourself, you are not a police officer and have no power to stop a person.	AS REQUIRED AT EVERY EVENT	
	You can if you wish report the matter to the Police.				Make sure all collection devices have an unbroken security seal. And clearly marked with the name of the charity you are collecting for.		
	All volunteers briefed to not to stand up to any confrontation.				When possible, regularly change collection devices so they are not too full.		
	All collection devices to be returned to the event lead person at the end of your shift.				If you at any time feel unsafe, stop the activity & report to your event lead.		

					Do not leave your collection devices unattended if you need to leave your collection for any reason, get another team member to cover on your behalf or until you return.	
Electrical Equipment	You are not permitted to use mains powered electrical items. As these must all be PAT tested before use in a public location.	2	2	2	Battery powered card donation terminals may be supplied to your location. If using an external power pack to card the unit, make sure all cables are neat and tidy and do not cause a hazard to any visitor.	AS REQUIRED AT EVERY EVENT
Public Access	You are not permitted to block a footpath or any venue entrance. i.e., Do not stand in shop doorways. Unless you are collecting with the venue's permission.	2	2	2	Make sure that there is room for people to pass you if they do not want to stop. Make sure you are not blocking the entrance to a shop, business, or house. This does not apply if you are invited by the location to hold a charity collection on their behalf. i.e., If Marks & Spencer has asked or given the charity permission to collect on their premises. You will be permitted to collect at the door. As long as you are not blocking assess.	AS REQUIRED AT EVERY EVENT
Accidents	All accidents must be reported to your PAO / DPAO however minor & accident report will be completed and filed.	2	2	2	Any reports will be submitted to the respective charity headquarters.	AS REQUIRED AT EVERY EVENT

It is impossible to foresee every event or occurrence. Please always use your own judgement and common sense. If you see a hazard that would stop, you from visiting the stand as a customer. This needs to be addressed. In short if you feel unsafe it is best to cancel the activity and seek advice.

*Key	,
------	---

L	The likelihood of an incident occuring. Scores:	1 Very low	2 Possible	3 Very likely
s	The likely consequence of an incident occuring in terms of severity . Scores:	1 Negligible	2 Minor	3 Major
R	Risk rating (If additional risk control measures are not put in place). Scores:	1 – 2	Minimal risk	No further action
		3 – 4	Medium Risk	Keep under review
		6 – 9	High risk	Stop activity and review operation

- Near-miss with potential injury consequences or minor accident
- Incident resulting in loss time / injury
- Serious / long-term injury or death to one or more persons

Coronavirus Extra Precautions If Required.

Should there be future government instructions regarding coronavirus, these must be fully met by everyone staffing an event.

If any future guildlines allow for public events to take place, the following should be carried out.

- (A) All staff must remain behind to table at all times.
- (B) Choice of display items to be reduced. Maximum of two of any item on display at anyone time.
- (C) If display items are touched by members of the public and not taken away with them, these are to be wiped before the next next comes to the table.
- (D) If necessary have a calling system in place, where the next person in the queue is called forward once the other person leaves and any cleaning is carried out.
- (E) If people are queuing to come to your stand, depending on what guidelines are in place, postion markers can be used so distance can be mantained.
- (F) Regular cleaning of area to be carried out. Antibatirical wipes will be supplied for this purpose.
- (G) All event staff to use gloves provided & if able face coverings also supplied.

It is always best practice, if staffing an event under any future coronavirus rules should you not feel safe, presence at the event should be cancelled. It is always better to cancel an event for safety.

All and any additional instructions from the charity / venue must be fully carried at all times. To ensure the safety of the public and those staffing the event.

From: Lord Jim Allan: Volunteer

To: <u>Licensing</u>

Subject: RE: Possible Collection Dates

Date: 23 January 2024 11:48:43

Importance: High

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Hi Kelly,

Please find a copy of the eMail from the Bid team.

If you need anything else, please just shout.

Cheers

Jim

Dear Jim,

I can confirm the dates you have requested are free.

Kind regards

Ryan Skyrme Operations Manager Blackpool BIDS Ltd

T: 01253 476204 (main office)

W: http://blackpoolbid.org/ - http://blackpooltourismbid.co.uk

Blackpool Business Improvement Districts Limited

Registered Office: Number One Bickerstaffe Square, Talbot Road, Blackpool, FY1 3AH

Registered No 13506605 in England & Wales



From: Lord Jim R. J. Allan On Behalf Of Jim Allan: Volunteer Sent: Wednesday, January 17,

2024 10:36 AM

To: Robert Kearton Blackpool BID Cc: Ryan Skyrme

Subject: Possible Collection Dates

Good Morning,

It is coming to that time of the year again and I am looking to book two sets of collections in Blackpool.

I know you like to check the dates before I Send the paperwork over to the licensing team for

approval. I am looking for the same place as last year. From the traffic barriers at cedar square to the barriers at the button of church street near Santander. Collections would stop again at the barriers beside Abington Street Market.

The dates I am looking at are:

MACMILLAN CANCER SUPPORT FRIDAY 17, SATURDAY 18 & SUNDAY 19 MAY 2024

DIABETES UK

FRIDAY 14, SATURDAY 15 & SUNDAY 16 JUNE 2024

Once I hear back from you I will send over the paperwork ahead of the committee meeting in March.

Regards

Jim



LORD JIM R. J. ALLAN OF HOUGUN MANOR

VOLUNTEERING WITH:

THE ROYAL BRITISH LEGION: POPPY APPEAL HONORARY AREA ORGANISER: BLACKPOOL &

DISTRICTS - PCB01

DIABETES UK: FUNDRAISING AMBASSADOR: BLACKPOOL & FYLDE COAST

MACMILLAN CANCER SUPPORT: FUNDRAISING REPRESENTATIVE BLACKPOOL & FYLDE COAST

LANCASHIRE VOLUNTEER PARTNERSHIP: CITIZENS IN POLICING VOLUNTEER

Telephone: xxxxxxxxxxx | xxxxxxxxxxx

Facebook: xxxxxxxxxxxxxxxxxxxxxx

Postal Address: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Anyone is free to pass my contact information above onto anyone for the business of the related charity or volunteering role.

HELPLINES



0808 802 8080 | 7 DAYS | 08:00 - 20:00

REGISTERED CHARITY: 219279

www.britishlegion.org.uk

App: 094726

Blackpool

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

JIM R.J. ALLAN | ON BEHALF OF DIABETES UK

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 Deta	<u>ils</u>		
	In what capacity	are you applying for a lice	ence?	se tick:
			rieas	Complete Section A
a)	An individual		<u></u>	Complete Section A
b)	A person other than	n an individual		_
	i. As a ch	narity	Х	Complete Section B
	II. As a lir	mited company		Complete Section B
	III. Other			Complete Section B
	A) Individual A Name, Add	Applicant - ress and details of applica	nt for the licence	who will be responsible for the collection
	Title:	Mr Mrs Miss Ms	Forename (s)	JIM
	Surname	ALLAN		Date of Birth
	Hama address			
	Home address			
				Post Code
			Mobile	Post Code
			Number	
	Email Address		<u> </u>	
		tul Audicent Business	Society or Chari	ty responsible for the proposed Collection
			, occiety or orium	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Name	JIM ALLAN		
	Registered address			
				Post Code
	Telephone		2 Mobile	
	Number		Number	
	Email Address			
62		N		
2	Para dispersional designed de la circular confederación de la circular confederación de la circular de la	nce Name and Address		
	<u>Name</u>	JIM ALLAN		
	Address			

				Poet Code
	a Talant son		Mobile	Post Code
	Telephone Number		Number	
	Email Address			

3)	Name of charit	y or fund for which the Collec	ction / Sale is bei	ng made.				
	Name of Charity	DIABETES UK: NORTH OF ENGLAND REGIONAL OFFICE						
		UNIT C, 2ND FLOOR, DALLAN COURT, DALLAN LANE						
	Address	WARRINGTON				rains or		
				Post Code	W A 2	7	LT	
	Charity Registrat	ion Number 215199						
4)	The Street Col	lection will be for the collecti	ion of:					
	Mone	y Property]					
	x		Tick as appropriate					
	If property is o	collected, is this to give away	use or sell on be	half of charit	y please sta	ite:		
	N/A							
5)	What method	of collection is to take place?	?					
٠,	For example w	vill it be a bucket collection, of the type of collection that	line of coins, or e	entertainment ke place.	t / specific e	vent? Pl	ease provid	
	BUCKET COL BARRIER AT MARKET.	LECTION: FROM ACCESS BOTTOM OF CHURCH ST	BARRIER AT T REET & ACCES	OP OF CED S BARRIER	AR SQUAR AT ABINGE	TO ACC	ESS REET	
6)	How many pe	rsons is it proposed to auth lication is addressed?	norise to act as	collectors in	the area of	the local	authority	
	FOUR AT AN	Y ONE TIME						
7)	Use to which	proceeds of this collection a	re to be put.					
	SUPPORT TH	HE WORK OF DIABETES U	K					
8)	Objects of the	Charity or Fund.					!	
	TO SUPPOR	RT PEOPLE AFFECTED B	BY DIABETES					
	<u> </u>					····		
9)	<u>NB</u> Please r	sed Collection or Sale, and to note that we must be in receip proposed collection			28 days prio	r to the		
	DATE	FRIDAY 14 JUNE 2024	BETWEEN W HOURS	HAT FR	OM: 09:00			
		SUNDAY 16 JUNE 202	4		: 18:00			

TO: _{18:00}

LS/D/520/2/10

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

BUCKET COLLECTION: FROM ACCESS BARRIER AT TOP OF CEDAR SQUAR TO ACCESS BARRIER AT BOTTOM OF CHURCH STREET & ACCESS BARRIER AT ABINGDON STREET MARKET.

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

YE\$	NO]
YES		Tick as

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
	NO

Tick as appropriate

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

AUTHORITY	DATE	REASON	
		1 CAP (AM COS) 1 CAP (AM COS)	
		1	

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			****			14.17	
Printed Name	JIM R. J.	ALLAN			<u></u>		
Capacity	FUNDRAIS	SING REF	PRESENT	ATIVE: BL	ACKPOOL	& FYLDE C	OAST
Date	22	01	2024				



RISK ASSESSMENT: STREET COLLECTIONS

ONLY TO BE USED IN CONJUNCTION WITH A VAILD PUBLIC LIABILITY INSURANCE CERTIFICATE.

REFERENCE	JOINT ASSESSMENT FOR: THE ROYAL BRITISH LEGION DIABETES UK MACMILLAN CANCER SUPPORT	ACTIVITY DESCRIPTION	Volunteers with collection buckets & tins. To collect donations from members of the public. Possibility to have QR Code & Contactless Card Machines to collect donations.
ASSESSMENT DATE	01 JANUARY 2024	DESCRIPTION	Fundraising, Community Fundraising & Poppy Appeal. Volunteer / Staff manned post.
ASSESSOR NAME	Lord Jim R. J. Allan of Hougun Manor Lead Volunteer with: THE ROYAL BRITISH LEGION DIABETES UK MACMILLAN CANCER SUPPORT	REVIEW DATE	31 DECEMBER 2024
ORG UNIT	THE ROYAL BRITISH LEGION, DIABETES UK & MACMILLAN CANC FUNDRAISING, MASS EVENTS & POPPY APPEAL, COMMUNITY F		·
TYPE OF PEOPLE EXPECTED	Lead Volunteers & Poppy Appeal Organisers Volunteers (with the possibility of local Cadet units & members Members of the Public Charity Members of Staff Venue Staff	s of the Armed Forces)	
LOCATION	VARIOUS LOCATIONS	NUMBER OF PEOPLE EXPECTED	500 (PER DAY)
RISK ASSESSMENT CATEGORY	PUBLIC SAFETY	DATE RECORD CREATED	01 JANUARY 2024

Please ensure that you read any other health and safety guidelines supplied.

COMMON - SENSE: IF YOU DO NOT FEEL SAFE CANCEL ACTIVITY

HAZARD	EXISTING CONTROL MEASURES	INI	TIAL R	ISK	PROPOSED CONTROL MEASURES TO REDUCE RISK	ACTION DATE
		L	S	R		
Manual Handling	Test weight of items before lifting and moving.	2	2	2	If possible, use a trolly to assist in moving items. Always walk facing forward and push the trolly in front of you.	AS REQUIRED AT EVERY EVENT
	Ask for assistance if you feel item is too heavy for one person.				Walking backwards and pulling a trolley may risk you bumping into structures, displays or other people. If	
					necessary, how two people operating the trolley one at the front and one at the rear.	
Fire & Bomb Threats	No smoking (including e cigarettes),	2	2	2	Do not try to fight a fire yourself. Dial: 999 or 112	AS REQUIRED AT EVERY EVENT
	No flammable substances, or open flames on or within the vicinity of the collection.				Always make sure that you have a safe route to leaving the area should any incident occur.	
Adverse Weather	Be aware of the weather. Volunteers should take warm & waterproof clothing. Wear layers &, if necessary, use sunscreen	2	2	2	Check the weather forecast before leaving for the event.	AS REQUIRED AT EVERY EVENT
Excessive Noise	Please respect the fact that not everyone passing will want to donate or stop. Always keep noise to a minimum.	2	2	2	You must not make any noise to attract persons to your collection. For example, do no shake collection devices to attract attention. THIS IS ILLEGAL UNDER CHARITY COMMISSION RULES.	AS REQUIRED AT EVERY EVENT
Litter & Pollution	Refuse must be taken away at the end of the day or put into authorised waste disposal.	2	2	2	Take everything away with you that you brought. Dispose of waste only in an approved manor	AS REQUIRED AT EVERY EVENT
Security, Verbal or Physical Assault and Theft.	Be always vigilant. If a situation occurs inform the event lead immediately.	2	2	2	Do not try and stop a thief yourself, you are not a police officer and have no power to stop a person.	AS REQUIRED AT EVERY EVENT
	You can if you wish report the matter to the Police.				Make sure all collection devices have an unbroken security seal. And clearly marked with the name of the charity you are collecting for.	
	All volunteers briefed to not to stand up to any confrontation.				When possible, regularly change collection devices so they are not too full.	
	All collection devices to be returned to the event lead person at the end of your shift.				If you at any time feel unsafe, stop the activity & report to your event lead.	

					Do not leave your collection devices unattended if you need to leave your collection for any reason, get another team member to cover on your behalf or until you return.	
Electrical Equipment	You are not permitted to use mains powered electrical items. As these must all be PAT tested before use in a public location.	2	2	2	Battery powered card donation terminals may be supplied to your location. If using an external power pack to card the unit, make sure all cables are neat and tidy and do not cause a hazard to any visitor.	AS REQUIRED AT EVERY EVENT
Public Access	You are not permitted to block a footpath or any venue entrance. i.e., Do not stand in shop doorways. Unless you are collecting with the venue's permission.	2	2	2	Make sure that there is room for people to pass you if they do not want to stop. Make sure you are not blocking the entrance to a shop, business, or house. This does not apply if you are invited by the location to hold a charity collection on their behalf. i.e., If Marks & Spencer has asked or given the charity permission to collect on their premises. You will be permitted to collect at the door. As long as you are not blocking assess.	AS REQUIRED AT EVERY EVENT
Accidents	All accidents must be reported to your PAO / DPAO however minor & accident report will be completed and filed.	2	2	2	Any reports will be submitted to the respective charity headquarters.	AS REQUIRED AT EVERY EVENT

It is impossible to foresee every event or occurrence. Please always use your own judgement and common sense. If you see a hazard that would stop, you from visiting the stand as a customer. This needs to be addressed. In short if you feel unsafe it is best to cancel the activity and seek advice.

If required, the full contact information for the event organiser / risk assessor / event leader are:

Lord Jim R. J. Allan of Hougun Manor

Jim Allan: xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Telephone: xxxxxxxxxx | xxxxxxxxxxx

*Key	,
------	---

L	The likelihood of an incident occuring. Scores:	1 Very low	2 Possible	3 Very likely
s	The likely consequence of an incident occuring in terms of severity . Scores:	1 Negligible	2 Minor	3 Major
R	Risk rating (If additional risk control measures are not put in place). Scores:	1 – 2	Minimal risk	No further action
		3 – 4	Medium Risk	Keep under review
		6 – 9	High risk	Stop activity and review operation

- Near-miss with potential injury consequences or minor accident
- Incident resulting in loss time / injury
- Serious / long-term injury or death to one or more persons

Coronavirus Extra Precautions If Required.

Should there be future government instructions regarding coronavirus, these must be fully met by everyone staffing an event.

If any future guildlines allow for public events to take place, the following should be carried out.

- (A) All staff must remain behind to table at all times.
- (B) Choice of display items to be reduced. Maximum of two of any item on display at anyone time.
- (C) If display items are touched by members of the public and not taken away with them, these are to be wiped before the next next comes to the table.
- (D) If necessary have a calling system in place, where the next person in the queue is called forward once the other person leaves and any cleaning is carried out.
- (E) If people are queuing to come to your stand, depending on what guidelines are in place, postion markers can be used so distance can be mantained.
- (F) Regular cleaning of area to be carried out. Antibatirical wipes will be supplied for this purpose.
- (G) All event staff to use gloves provided & if able face coverings also supplied.

It is always best practice, if staffing an event under any future coronavirus rules should you not feel safe, presence at the event should be cancelled. It is always better to cancel an event for safety.

All and any additional instructions from the charity / venue must be fully carried at all times. To ensure the safety of the public and those staffing the event.

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

Kristian Schofield - Blackpool Working Newfoundlands

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	tails													
	In what capac	ity are you a	pplying	for a li	cence?										
			P					Please tick:							
a)	An individual					L		Complet	e Sect	ion A					
b)	A person other th	an an individ	lual			_									
	I. As a	charity	arity					Complete Section B							
	II. As a	limited comp	nited company				Complete Section B								
	III. Other						X	Complet	e Sect	ion B					
	A) Individual	Applicant -													
		dress and de	tails of	applica	int for t	he licence	who	o will be re	spor	nsibl	le fo	r the	coll	ecti	on
	Title:	Mr Mrs	Miss	Ms	Forer	ame (s)									
	Surname						Da	te of Birth							
	Home address						1								
	Home address														
					2	Mobile	<u> </u>	st Code							
	Number					Number									
	Email Address														
	B) Non-Indivi	dual Applica	ınt – Bu	ısiness,	Societ	y or Chari	ty re	sponsible	for t	he p	ropo	sed	Col	lecti	on
	<u>Name</u>	Blackpool						<u> </u>							
	Registered	V0000000		~~~~~	~~~										
	address	xxxxxxxx	*****												
		XXXXXXXX	(XXXXXXX	(XXXXXX)	(XXX						ı				<u> </u>
		XXXXXXXX	XXXXXXX	(XXXXXX)	(XXX		<u>Po</u>	st Code							
	★ Telephone Number	XXXXXXXX	XXX		2	Mobile Number		XXXXXXX	(XXX)	ΚΧΧ					
	Email Address	blackpoo	olworkir	ngnewfo	undlan	ds@gmail.	.com	1							
2)	Corresponder	ice Name an	d Addre	ess											
	<u>Name</u>	Blackpoo	ol Worki	ing New	/foundla	ands									
	<u>Address</u>	xxxxxxx	xxxxxx	xxxxxx	XXXXXX										
		XXXXXX	(XXXXXX	(XXXXXX)	(XXXXXX	x									
							Po	st Code							
	Telephone Number	xxxxxxx	xxxxxx	xxxxxx	2	Mobile Number	_ <u></u> 	xxxxxxxx	XXXX	XXXX	XXXX	X			<u> </u>
	Email Address	blackp	oolwor	kingnev	vfoundla	ands@gma	ail.co	om							

Money X If property is coll What method of o	ction will be for the c	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx		v please st	
Charity Registration (if applicable) The Street Collect Money X If property is coll What method of o	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	ollection of: Tick as appropriat	9	v please st	
Charity Registration (if applicable) The Street Collect Money X If property is coll What method of o	n Number ction will be for the c Property lected, is this to give	ollection of: Tick as appropriat	9	v please st	
The Street Collect Money X If property is coll What method of collections are seen to be compared to the collection of the collection	n Number ction will be for the c Property lected, is this to give	ollection of: Tick as appropriat	9	v please st	
The Street Collect Money X If property is coll What method of collections are seen to be compared to the collection of the collection	ction will be for the c Property lected, is this to give	Tick as appropriat		v please st	
Money X If property is coll What method of o	Property lected, is this to give	Tick as appropriat		v please st	
If property is coll What method of o	lected, is this to give	Tick as appropriat		v please st	
If property is coll What method of o				v please st	
What method of o		away use or sell on b	ehalf of charit	v please st	
What method of o		away use of sell on s	chan or chart		rato:
For example will	collection is to take			<u>, </u>	atc.
For example will	collection is to take				
		olace?			
a description of t		tion, line of coins, or		/ specific e	event? Please pr
	the type of collection	that is proposed to ta	ike place.		
		treet 'meet & greet' ev			ogs dressed as pi
a	and to display small F	RIB Rescue Boat (on a	stationary trai	ler).	
	ons is it proposed to ation is addressed?	authorise to act as	collectors in	the area of	the local author
winch the applica	audiesseu:				
	4-5				
Use to which pro	oceeds of this collect	ion are to be put.			
		<u> </u>			
Charitable dor	nations via BWN, and	funds for Rescue equ	ipment / repla	cement Res	scue Boat.
Objects of the Ch	harity or Fund				
	nanty of Fund.				
Improving op	oen water safety awar	eness and prevention	of death throu	gh drownin	g.
Date of Proposed	d Collection or Sale,	and between what hou	ırs:		
NB Please note		and between what house eceipt of your applica		8 days prio	or to the
NB Please note	e that we must be in i	eceipt of your applica	tion at least 2		or to the

	X	Tick as appropriate									
12		e what deductions will be mad m which will be deducted. This		any other purpose) and provide percentage.	an						
	Total amount of re	ceipts Amount to be dedu	ıcted	Reason for deduction.							
13) Has a permit for a	Collection or Sale for a similar	object ever been re	fused?							
	YES NO										
	x -	X Tick as appropriate									
14) If Yes, please state AUTHORITY	e by which Licensing Authority, DATE	date refused and re	eason given. REASON							
15) Signature of Appli	cant									
		red to contact the following depart	ment(s) regarding m	y application:							
1)	Promenade	to hold a street collection on the P	romenade vou will m	nust immediately contact VisitBlackp	വ						
	on telephone number will need to provide	er (01253) 478231 to check the dainsurance cover. Please note, Vi	ates requested are a sitBlackpool's terms	vailable and also to check whether y and conditions will need to be signe	ou						
2)	and a tramway activ	vity permit may also be required.									
۷,	If you are planning t	to hold a street collection within th tre Admin Manager on (01253) 47		nission should immediately be sough	nt						
	Usual Signature	K Schofield									
	Printed Name	Kristian Schofield	Kristian Schofield								
	Capacity	Chairperson of Black	pool Working Newfo	oundlands							
	Date	21 / 02 / 24									
LS	S/D/520/2/10										

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

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

Area of St Johns Square opposite Winter Gardens for the Rebellion Festival weekend (Blackpool Punk

10)

11)

weekend).