Kelly Guy

 From:
 Ciaran Nelson

 Sent:
 24 January 2023 13:58

 To:
 Licensing

 Subject:
 Application for street collection permit

 Attachments:
 20230124_135243.jpg; 20230124_135256.jpg; 20230124_135317.jpg; 20230124_135307.jpg

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Dear Sirs,

Please see the attached application for a street collection permit. This collection will be in aid of the RNLI and aim to help raise vital funds the charity needs in order to operate.

I look forward to hearing from you soon!

Kind regards

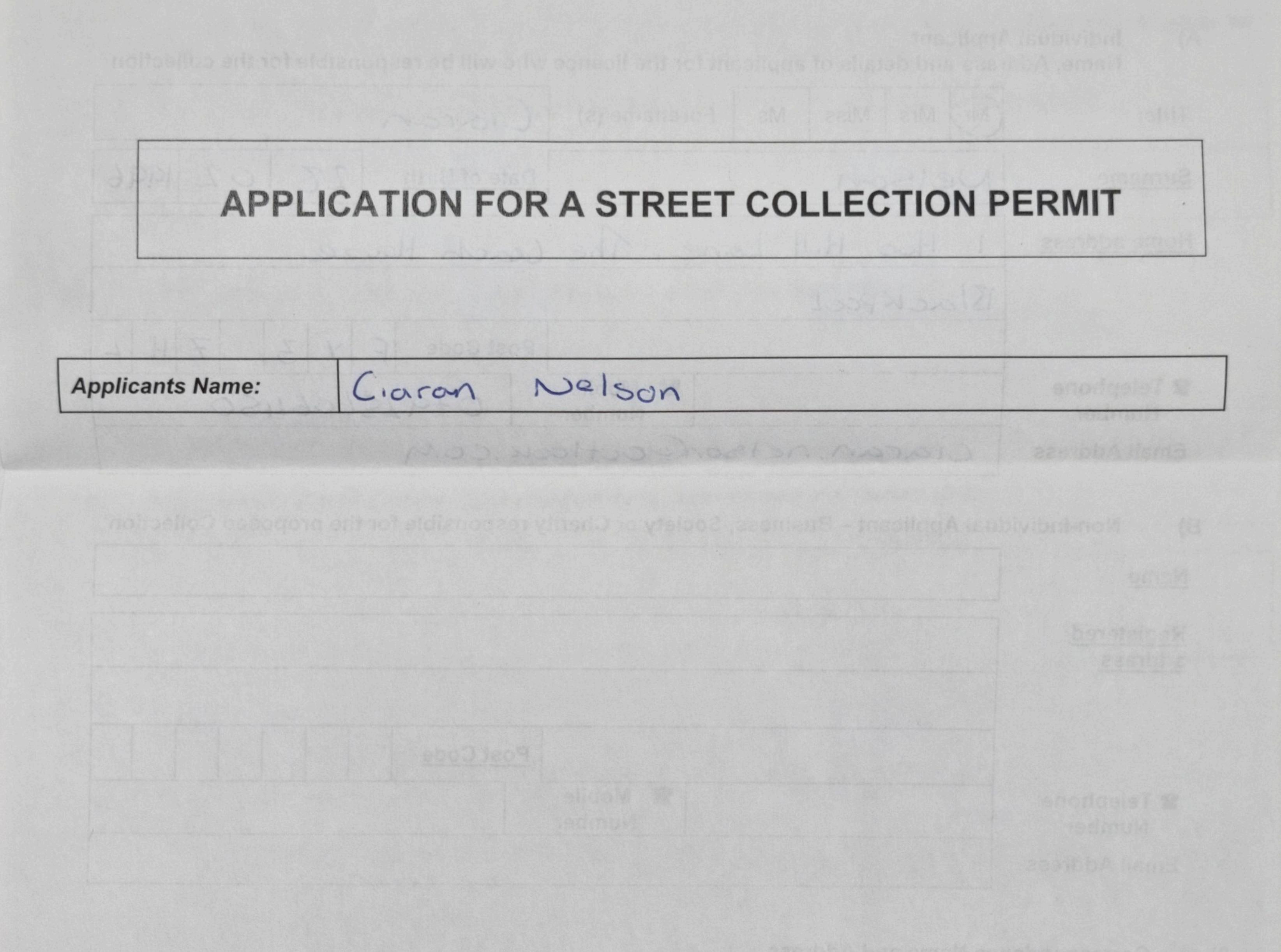
Ciaran Nelson Blackpool lifeboat volunteer crew

Sent from Samsung Mobile on O2 Sent from <u>Outlook for Android</u>

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.

App 091272 Blackpool Council

12.21



Built Environment

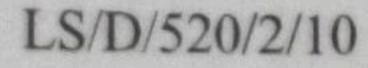
Contact



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

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

www.blackpool.gov.uk



Applicant Details

In what capacity are you applying for a licence?

An individual a)

1)

- A person other than an individual b)
 - As a charity I.
 - As a limited company 11.
 - Other III.

A)

Please tick:

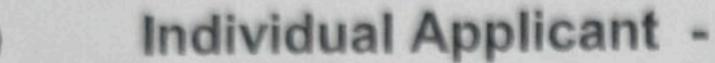


Complete Section A

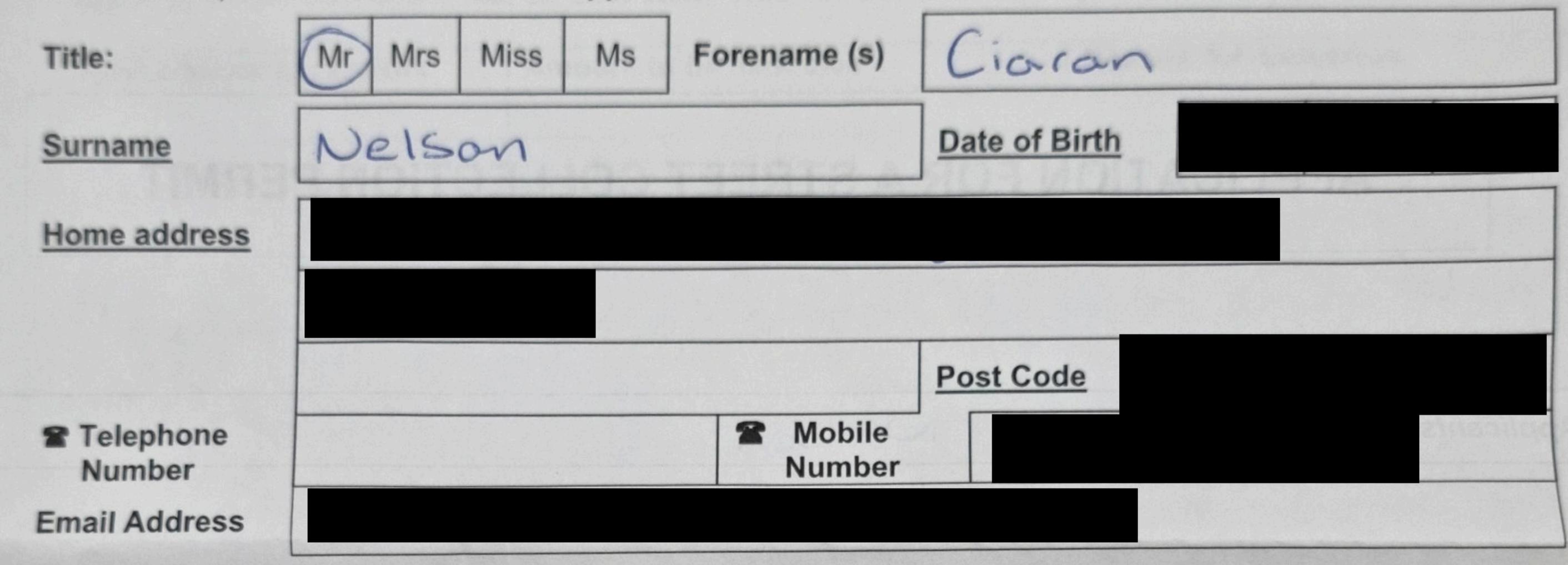
Complete Section B

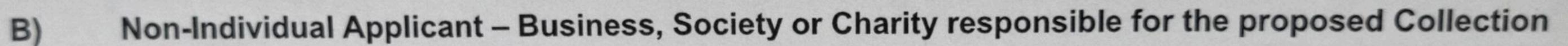
Complete Section B

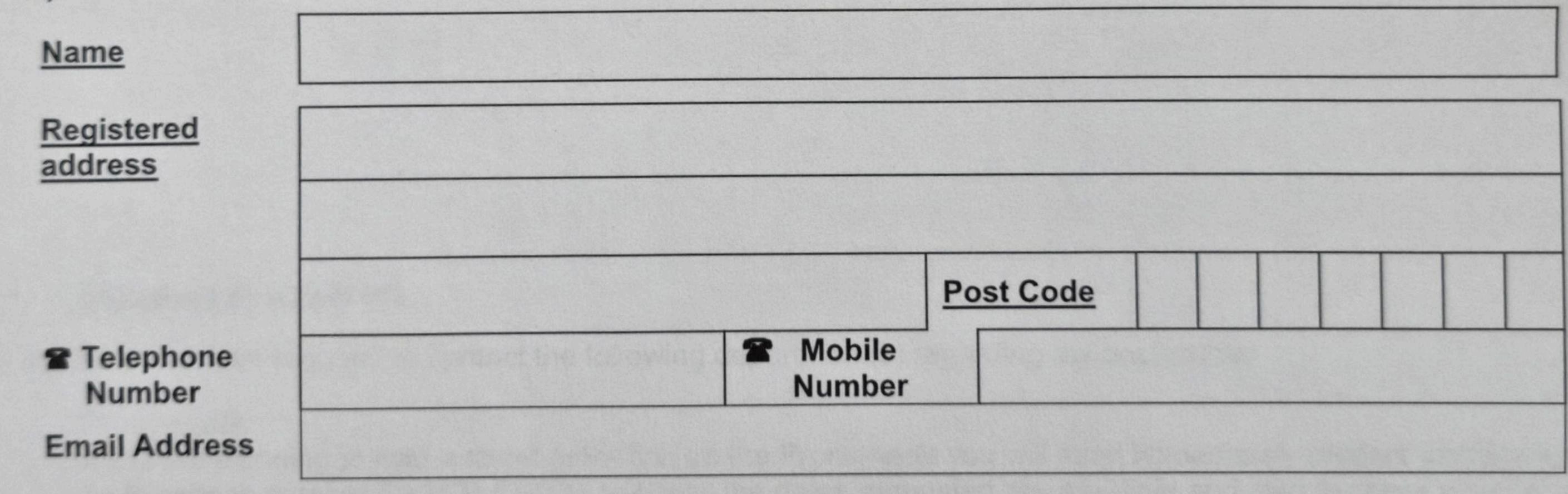
Complete Section B



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

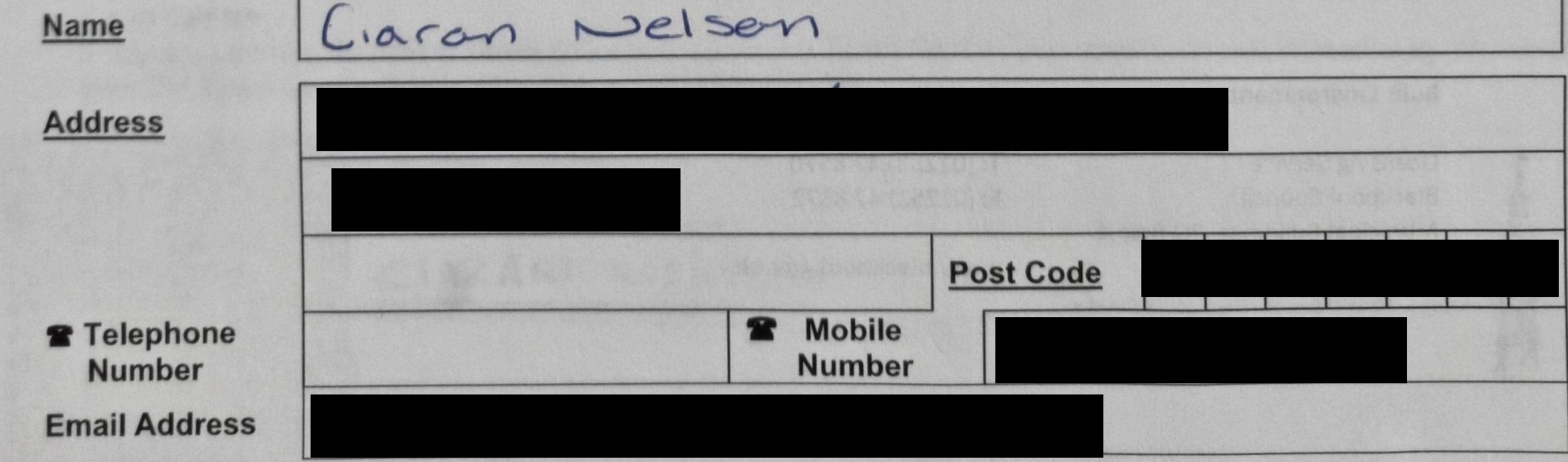






Correspondence Name and Address 2)

1



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

Name of Charity	RNL	I										
Address	RNLI.	west	Qua	y Re	oad, Pa	102	e					
					Post Code	ß	H	1	5	1	4	Z
Charity Registrati (if applicable)	on Number	200	1603									

The Street Collection will be for the collection of:

Money	Property	
		Т

3)

4)

5)

6)

8)

9)

Tick as appropriate

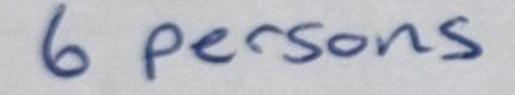
If property is collected, is this to give away use or sell on behalf of charity please state:

What method of collection is to take place?

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

Bucket collection.

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



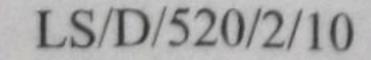
7) Use to which proceeds of this collection are to be put.

Donations are given to the MILLI, to be used to help their volunteers educate, raise awareness and keep people safe.

Objects of the Charity or Fund.

- Date of Proposed Collection or Sale, and between what hours:
 - <u>NB</u> Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

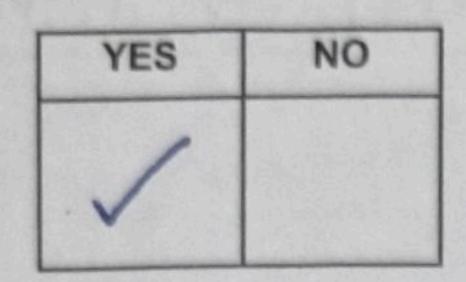
FROM: 11:00 16:00 TO:



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

Blackpool promenade. Sandcastle to north p.er.

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

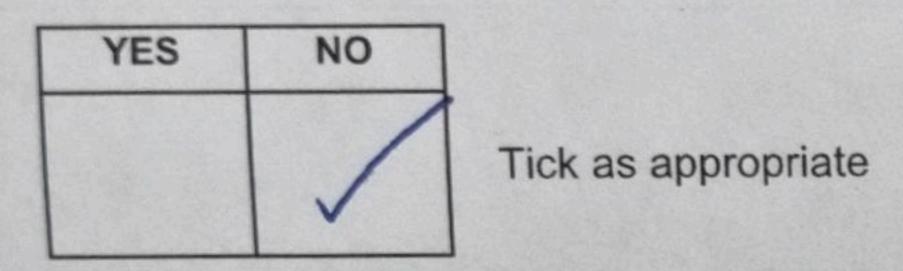


Tick as appropriate

If no, please state what deductions will be made (for expenses or any other purpose) and provide an 12) 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.		

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



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

AUTHORITY	DATE	REASON

Signature of Applicant 15)

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	CIAR	AN N	FLSCN	
Capacity				4-2-5
Date	24	01	2023	

Hi Kelly,

This one is fine - many thanks

Chris Chris Pope | Events | T: 01253 478204 VISITBLACKPOOL

2nd Floor | Number One | Bickerstaffe Square | Talbot Road | Blackpool | FY1 3AH

Check out our <u>website</u> Like us on <u>Facebook</u> Follow us on <u>Twitter</u>

From: Kelly Guy <kelly.guy@blackpool.gov.uk>
Sent: 24 January 2023 15:31
To: Chris Pope <chris@visitblackpool.com>
Subject: RNLI street collection for 7 April

Hi Chris,

Does this have Visit Blackpool consent please ?

Kind regards Kelly Guy Licensing Finance and Administration Officer Licensing Services

Public Protection Division | Community and Environmental Services | Blackpool Council | Municipal Buildings | Corporation Street | Blackpool | FY1 1NA
Post to: Blackpool Council | PO Box 4 | Blackpool | FY1 1NA
11253 478397

⊠: <u>kelly.guy@blackpool.gov.uk</u>

ී: www.blackpool.gov.uk/licensing

BlackpoolCouncil

1 1 FEB 2023

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APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

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RNLI BLACKPOOL.



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

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

www.blackpool.gov.uk

Contact

1) Applicant Details

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In what capacity are you applying for a licence?

			Please tick:	
a)	An individu	ai		Complete Section A
b)	A person of	ther than an individual		
	I.	As a charity		Complete Section B
	п.	As a limited company		Complete Section B
	114.	Other		Complete Section B

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

Tiđe:	Мг	Mrs	Miss	Ms	Forename (s)			
Surname						Date of Birth		
Home address								
						Post Code		
Telephone Number					S Mobile Number			
Email Address								

,

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

Name	RNILI	
Registered address	WEST QUAY RO	
	PORE	
	DORSET Post Code	BHISIHZ
Telephone Number	T Mobile Number	
Email Address		

2) Correspondence Name and Address

Name	MRS LYNDA WILLIAMS
Address	
	Post Code
Telephone Number	The Mobile Number
Email Address	

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

Name of Charity	RNL	1								
	WEST	WEST QUAY RO								
Address	Poole	ţ								
	DORSE	5-1-	Post Code	B	#	i	5	1	Ħ	z
Charity Registrat (if applicable)	ion Number	209603								_

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

Money	Property	
\checkmark		Tick as appropriate

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

ŧ

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.

SEALED NAMED BUCKET

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?

6

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

FUNDRAISING FOR LIFEBORTS

8) Objects of the Charity or Fund.

SAVING LIVES AT SEA

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

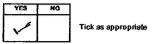
NB Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE	Munoay	BETWEEN WHAT HOURS	FROM: Pm
	61.05.23		TO: 4 An

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

BIACTPOOL LIFEBORT STATION TO SANDCASTLE WATERARELY RETURN

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.
--

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



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

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> 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	Liens	xa U	luans		
Capacity	HON	Sec.	LOTARY LUACKPOR	LIFEBONT	STATION
Date	63	02	23		

Blackpool Council

1 1 FEB 2023

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

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RNLI BLACKPEOL



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

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

www.blackpool.gov.uk

Contact

1) **Applicant Details**

In what capacity are you applying for a licence?

			Please tick:	
a)	An individu	al		Complete Section A
b)	A person of	ther than an individual		
	I.	As a charity		Complete Section B
	n.	As a limited company		Complete Section B
	f11.	Other	П	Complete Section B

A)

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

Sumame			Date of Birth	
ome address				
	 _		Post Code	ГТТ
P Telephone		🕿 Mobile	Post Code	

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

Name	anll					
Registered address	WEST QUAY	RE	\$			
	POOLE					
	DORSET			Post Code	٠	
Telephone Number		r	Mobile Number			
Email Address						

Correspondence Name and Address 2)

Name	mrs Lynda I	William	ns	
Address				
			Post Code	
Telephone Number		T Mobile Number		
Email Address				

LS/D/520/2/10

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

Name of Charity	RNLI			
Address	WEST QUAY RD POOLE			
	DORSET	Post Code	BH	ISIHZ
Charity Registration (if applicable)	on Number			

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

Money	Property	
V		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.

SEALED NAMED BLUKET

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?



. . .

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

FUNDRAISING FOR LIFEBOATS

8) Objects of the Charity or Fund.

SAVING LIVES AT SEA

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

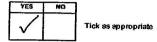
<u>NB</u> Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE	Surray	BETWEEN WHAT HOURS	FROM:	9 AM
	27.08.23		TO:	5 pm

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

BLACKPOOL	LIPEBOAT	STATION	æ	its	Environs
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Are the whole of the receipts to be paid over for the benefit of the Charity or fund? 11)



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

> > for deduction.

Total amount of receipts	Amount to be deducted	Reason

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



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

Signature of Applicant 15)

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

1) Promenade

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2) **Town Centre**

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

Usual Signature						
Printed Name	<u>ل</u> م	VDA (Nui	AMS		
Capacity	Hen		ETPRY		37	STATION
Date	63	62	23			

BlackpoolCouncil

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:	Kayleigh Penn



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Licensing Service Blackpool Council Municipal Buildings, PO Box 4 Blackpool, FY1 1NA **T:** (01253) 47 8570 **F:** (01253) 47 8372

Contact

www.blackpool.gov.uk

1) **Applicant Details**

In what capacity are you applying for a licence?

	in what	capacity are you applying for a notifice.	Please tick:	
a)	An individu	lal		Complete Section A
b)	A person o	ther than an individual		
	I.	As a charity	X	Complete Section B
	Н.	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)			
Surname						Date of Birth		
Home address								
						Post Code		
Telephone Number					Mobile Number			
Email Address								

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

<u>Name</u>	Kayleigh Penn									
<u>Registered</u> <u>address</u>	Trinity Hospice									
	Low Moor Road									
	Blackpool		P	ost Code	F	Y	2	0	В	G
Telephone Number	xxxxxxxxxxx	Mobile Number		xxxxxx	xxx	xx				
Email Address	xxxxxxxxxxxxxxxxxx							 		

2) **Correspondence Name and Address**

<u>Name</u>	Kayleigh Penn						 		
Address	Trinity Hospice								
	Low Moor Road				_		 		
	Blackpool		Post Code	F	Y	2	0	В	G
Telephone Number	xxxxxxxxx	Mobile Number	xxxx	xxxx	xxx	•	 		
Email Address	xxxxxxxxxxxxxxxxxx								

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

Name of Charity	Trinity Hos	spice								
Address	Low Moor Blackpool	Road		 						
				Post Code	F	Y	2	0	В	G
Charity Registrati (if applicable)	ion Number	511009								

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

Money	Property	
\checkmark		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.

Charity collection buckets at Beaverbrooks Blackpool 10k event

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?

5			

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

To fund the work of Trinity Hospice

8) Objects of the Charity or Fund.

To provide hospice care in Blackpool, Fylde & Wyre

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

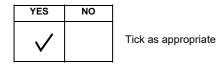
<u>NB</u> Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection

DATE	14/05/23	BETWEEN WHAT HOURS	FROM:	10.00am
			TO:	2.00pm

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

Blackpool promenade, run starts outside Savoy Hotel.

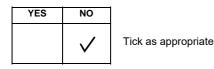
11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?



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.

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



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**

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2) Town Centre

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

Usual Signature	K.penr	1				
Printed Name	Kayleigh	Kayleigh Penn				
Capacity	Events Manager					
Date	01	02	2023			

App: 091391

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:

RSPCA BLACLROOL + NORTH LANCS.

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

b) A person	other t	han an	individual
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I.	As a charity	\checkmark	Complete Section B
11.	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

Complete Section A

Title:	Mr	Mrs	Miss	Ms	Forename (s)		
Surname					in de la compañía de	Date of Birth	
Home address							
		10° ANI - 1749					
						Post Code	
Telephone Number					Mobile Number		
Email Address							

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

Name	RSPCA BLACKPOOL & NORTH LANCS
Registered address	LONGVIEW ANIMAL CENTRE
	OLD TOMS LONE, STALMINE, POULTON-LE-FULSE
	LOWCASHILE Post Code FY60JR.
Telephone Number	Mobile Number
Email Address	

2) Correspondence Name and Address

Name	MARTYN -	TETGLENER		
<u>Address</u>				
			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	RSPU	7 BLACGROOL & NOI	ent lancs					
	LONG	NIGW Dwind CE	NTRE					
Address	OL) TOP	ns Lawe, Stalmin	E, POUL	ion-le	- F	143	G	
	Lanca	SHIRE	Post Code	FY	6	0	J	R
Charity Registrati (if applicable)	on Number	232252.						

The Street Collection will be for the collection of:

Money	Property	L. Constanting the
/		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?

6 = ON A ROTA DURN'S THE DAY

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

During WELFARE OF Animal's ENTRUSTED INTO OUR CARE

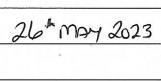
8) Objects of the Charity or Fund.

Allevipic THE SUFFERNS OF COMPANION ANIMAL BY RESCURY AND GARING FOR THOSE IN NEED -

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

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

DATE



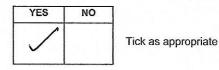
BETWEEN WHAT HOURS

FROM: LOAM TO: HPM.

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

GENRIE STORET AREA BELOW ABINGTON STREET.

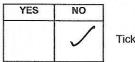
11) Are the whole of the receipts to be paid over for the benefit of the Charity or fund?



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.
		the first state of the second state of the

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
		영상 감독 이 방송은 것이 같아. 가지 않는 것이 같아.
	an 443. Di Li 1447. Anna 1983.	

15) Signature of Applicant

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

1) Promenade

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2) **Town Centre**

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

Usual Signature	avi				
Printed Name	n	norry	TETCHENE	C.	
Capacity	B	Repusch	MANAGIOR		
Date	07	02	2023		

Hi Kelly,

Consent granted from the BID.

Kind regards

Ryan Skyrme Operations Manager Blackpool BIDS Ltd Mob: xxxxxxxxx Tel: xxxxxxxxxx **Email**: xxxxxxxxxxx **Websites**: <u>http://blackpoolbid.org/</u> <u>http://blackpooltourismbid.co.uk</u>

Blackpool Business Improvement Districts Limited Registered Office: Number One Bickerstaffe Square, Talbot Road, Blackpool, FY1 3AH Registered No 13506605 in England & Wales

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Please consider the environment before printing this e-mail

From: Kelly GuySent: 07 February 2023 16:05To: Ryan SkyrmeSubject: FW: RSPCA - invitation for Street Collections 2023

Hi Ryan,

Does Bid consent to this application ?

Kind regards

Kelly Guy

Licensing Finance and Administration Officer

Licensing Services

Public Protection Division | Community and Environmental Services | Blackpool Council | Municipal Buildings | Corporation Street | Blackpool | FY1 1NA **Post to:** Blackpool Council | PO Box 4 | Blackpool | FY1 1NA

BlackpoolCouncil

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:	Mr Simon Richard O'Leary, Director of Poppy Appeal	
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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

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	In what ca	pacity are	e you a	pplying	for a li	icence?		ase tick	:							
a)	An individual								Compl	ete Seci	tion A					
b)	A person othe	er than an	individ	lual												
	í. A	s a charit	у				ŭ	/	Compl	ete Seci	tion B					
	II. A	s a limite	d comp	bany					Compl	ete Sect	tion B					
	III. O	ther							Compl	ete Sect	tion B					
		lual Appli Address		tails of	applica	ant for t	he licence	e who wi	ill be re	espoi	nsibl	e fo	r the	col	lecti	ion
	Title:	Mr	Mrs	Miss	Ms	Forer	ame (s)									
	Surname							Date o	of Birth	n						
	Home addres	s														
								Post C	ode							
	Telephone Number	•					Mobile Number									
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	B) Non-In	dividual /	Applica	int – Bu	siness.	Societ	y or Chari	ty respo	onsible	for t	he p	ropo	osed	Col	lect	ion
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3) Name of charity or fund for which the Collection / Sale is being made.

Name of Charity		The Royal British legion Poppy Appeal									
	The Royal Britis	Legion Village									
Address	Aylesford										
	Kent			Post Code	М	Е	2	0	7	N	x
Charity Registrati (if applicable)	on Number	219279									1

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.

The offer of poppies and collection of monies in sealed receptacles.

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?

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

The benevolent fund of The Royal British Legion.

8) Objects of the Charity or Fund.

To safeguard the welfare, interests and memory of those who are serving or who have served in the armed forces.

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

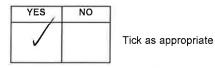
<u>NB</u> Please note that we must be in receipt of your application at least 28 days prior to the date of proposed collection



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

Throughout the whole of your administrative area.

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.	

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
Derby City Council	Permit issued on 18/2/2020	Permit revoked on 22/9/2020 due to Covid-19.

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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	22			
Printed Name	Mr Sim	on Richard	O'Leary	
Capacity	Directo	r of Poppy	Appeal	
Date	18	1	2023	