

Blackpool Council

08 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
www.blackpool.gov.uk



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

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

A) Individual Applicant -

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

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

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

Name	WHITTAKER DANCE AND DRAMA CENTRE									
Registered address	135 HORNBY RD									
	BLACKPOOL									
					Post Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>				Mobile Number	<input type="text"/>				
Email Address	<input type="text"/>									

2) Correspondence Name and Address

Name	SHEILA GANLEY									
Address	135 HORNBY RD									
	BLACKPOOL									
					Post Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone Number	<input type="text"/>				Mobile Number	<input type="text"/>				
Email Address	<input type="text"/>									

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

Name of Charity	MARIE CORIE CANCER CARE			
Address	NEW MANSION HOUSE			
	173-191 Wellington RD STOCKPORT			
	Post Code	S	K	1 3 0 A
Charity Registration Number (if applicable)				

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

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

Tick as appropriate

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

5) What method of collection is to take place?

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

Bucket collection
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?

6

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

DATE	Saturday
	29 ^m April

BETWEEN WHAT HOURS

FROM:	2.30
TO:	3.30

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?

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.
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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
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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. *This has been done*

Usual Signature



Printed Name

Sheila Gault

Capacity

Co-owner of Whittaker's

Date

0 03 23

Blackpool Council

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

www.blackpool.gov.uk

1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

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

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

Title:	Mr <input type="checkbox"/> <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/>	Forename (s)	Michelle			
<u>Surname</u>	Burke	<u>Date of Birth</u>	xx	xx	xxxx	
<u>Home address</u>	xxxxxxxxxxxxxxxxxxxxxxxxxxxx					
		<u>Post Code</u>	x	x	x - x x x	
☎ Telephone Number		☎ Mobile Number	xxxxxxxxxxxx			
Email Address	xxxxxxxxxxxxxxxxxxxxxxxxxxxx					

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

<u>Name</u>	Broadway Stars Morris Dancers				
<u>Registered address</u>	As above				
		<u>Post Code</u>			
☎ Telephone Number		☎ Mobile Number			
Email Address					

2) **Correspondence Name and Address**

<u>Name</u>	As above				
<u>Address</u>					
		<u>Post Code</u>			
☎ Telephone Number		☎ Mobile Number			
Email Address					

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

Name of Charity	Broadway Stars Morris Dancers											
Address												
						Post Code						
Charity Registration Number (if applicable)												

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

Money	Property
**	

Tick as appropriate

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

--

5) What method of collection is to take place?

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

Bucket collection, dance displays during the event times

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?

10

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

Collection of money going towards new dance costumes for End of season championships

8) Objects of the Charity or Fund.

We train weekly to give girls/young adults a place to meet, make friends, keep fit and be part of a team that grows together and make friends

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

19/05/2023

BETWEEN WHAT HOURS

FROM:10.30am

--

TO: 5pm

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

Comedy Carpet area of the promenade Blackpool

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.

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

YES	NO
	**

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

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

Usual Signature	Michelle Burke
Printed Name	Michelle Burke
Capacity	Troupe Principle

Date	04	03	2023
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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 time and resume it later. You do not need to be logged in when you resume.

System reference	Not Currently In Use	This is the unique reference for this application generated by the system.
Your reference	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 behalf of the applicant?

- Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name	BRETT
* Family name	BRADFORD
* E-mail	XXXXXXXXXXXXXXXXXXXXXX
Main telephone number	XXXXXXXXXXXX
Other telephone number	XXXXXXXXXXXX

Include country code.

Indicate here if you would prefer not to be contacted by telephone

Are you:

- Applying as a business or organisation, including as a sole trader
 Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Continued from previous page...

Your Address

Address official correspondence should be sent to.

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

* Country

Section 2 of 10

FURTHER DETAILS ABOUT THE APPLICANT

Please note: the applicant must be the organiser of the proposed collection

Former name(s)

If currently or previously known by any other name(s), you must record them here.

Home Address

Is the address the same as (or similar to) the address given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes No

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

Section 3 of 10

ORGANISATION WHICH IS RESPONSIBLE FOR THE COLLECTION

* Provide a brief description of the organisation and its objectives

OUR ORGANISATION IS CALLED BLACKPOOLS SOULS IN MOTION RUN BY A COMMITTEE OF 5 PERSONS WHOS MAIN OBJECTIVE IS TO PUT ON A DANCE EVENT NAMED THE COMEDY CARPET ON THE HEADLAND ENCOURAGING PEOPLE TO

Continued from previous page...

DANCE FOR OUR NOMINATED CHARITIES BRIAN HOUSE HOSPICE AND CHILDREN WITH CANCER UK WITH ALL COLLECTIONS GOING TO THE ABOVE

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

- Yes No

Section 4 of 10

CHARITY, FUND OR ORGANISATION TO BENEFIT FROM THE COLLECTION

* Is another organisation going to benefit from your collection?

- Yes No

Section 5 of 10

TYPES OF COLLECTION

* What type(s) of collection will you be performing?

- A street collection
 A house-to-house collection
 Both street and house-to-house collections

Street Collection

Check for local guidance notes and conditions before completing this section. Some of the questions may not be relevant to local circumstances or your responses may have to provide very specific information.

Where

* In what parts of this authority's area do you intend to carry out the collection?

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?

11AM TO 6PM

Collectors

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

6

* 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 BLACKPOOL SOULS IN MOTION T SHIRT

What

Continued from previous page...

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

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

Yes No

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

Yes No

Section 6 of 10

EXPENSES AND PAYMENT

* Will 100% of the proceeds of the collection be donated to a charity or used for charitable purposes?

Yes No

Statement Of Return

* Which of the following types of return will you submit, giving details of proceeds and deductions?

Street collection only

Section 7 of 10

PREVIOUS APPLICATIONS

* Have you, or any person named in or associated with this application, previously applied for a similar licence or registration? (check all that apply)

No Yes - application granted and revoked

Yes - application granted Yes - application refused

Application Granted

Only provide details about the most recent application – unless stated otherwise in local guidance notes.

* Local authority applied to

* Date of licence/registration

* Reference number

* Expiry date

* Local authority applied to

* Date of licence/registration

* Reference number

* Expiry date

Continued from previous page...

Section 8 of 10

CONVICTIONS

* Have you, or any person named in or associated with this application, been convicted of any crime or offence?

Yes No

Section 9 of 10

ADDITIONAL DETAILS

Provide any additional information which is required or relevant to your application (check for local guidance notes and conditions which may provide details of specific requirements in your area)

WE ONLY REQUIRE PERMITS FOR THE COMEDY CARPET

Section 10 of 10

ATTACHMENTS

AUTHORITY POSTAL ADDRESS

Address

Building number or name

Street

District

City or town

County or administrative area

Postcode

Country

DECLARATION

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

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

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

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

* Full name

* Capacity

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 <https://www.gov.uk/apply-for-a-licence/street-collection-licence/blackpool/apply-1> to upload this file and continue with your application.

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

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

www.blackpool.gov.uk



1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

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

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

Title:	<input type="text" value="LORD"/>	Forename (s)	<input type="text" value="JAMES ROBERT JOHN"/>		
<u>Surname</u>	<input type="text" value="ALLAN"/>	<u>Date of Birth</u>	<input type="text" value="XX"/>	<input type="text" value="XX"/>	<input type="text" value="XXXX"/>
<u>Home address</u>	<input type="text"/>				
	<input type="text"/>				
			<u>Post Code</u>	<input type="text"/>	<input type="text"/>
☎ Telephone Number	<input type="text"/>		☎ Mobile Number	<input type="text"/>	
Email Address	<input type="text"/>				

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

<u>Name</u>	<input type="text" value="LORD JIM R. J. ALLAN OF HOUGUN MANOR"/>				
<u>Registered address</u>	<input type="text" value="XX"/>				
	<input type="text" value="XX"/>				
			<u>Post Code</u>	<input type="text" value="XXX XXX"/>	
☎ Telephone Number	<input type="text" value="XXXXXXXXXXXX"/>		☎ Mobile Number	<input type="text" value="XXXXXXXXXXXX"/>	
Email Address	<input type="text" value="XX"/>				

2) **Correspondence Name and Address**

<u>Name</u>	<input type="text" value="LORD JIM R. J. ALLAN OF HOUGUN MANOR"/>				
<u>Address</u>	<input type="text" value="XX"/>				
	<input type="text" value="XX"/>				
			<u>Post Code</u>	<input type="text" value="XXX XXX"/>	
☎ Telephone Number	<input type="text" value="XXXXXXXXXXXX"/>		☎ Mobile Number	<input type="text" value="XXXXXXXXXXXX"/>	
Email Address	<input type="text" value="XX"/>				

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

Name of Charity	MACMILLAN CANCER SUPPORT		
Address	89 ALBERT EMBANKMENT		
	LONDON		
		Post Code	SE1 7UQ
Charity Registration Number (if applicable)	261017		

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

Money	Property
X	

Tick as appropriate

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

NO PROPERTY TO BE COLLECTED

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 in Blackpool town centre. From St Johns Square to bottom of Church Street @ Santander. volunteers may have QR code for public to scan and donate or card donation terminals. No personal information will be collected or stored from any members of the public.

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?

AGREED 4 COLLECTORS 9/3/23

MAXIMUM OF TWENTY AT ANYONE TIME

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

ALL FUNDS TO BE USED TO SUPPORT MACMILLAN CANCER SUPPORT

8) Objects of the Charity or Fund.

TO SUPPORT PEOPLE AFFECTED BY 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

DATE

FRID 02 JUNE 2023

& SAT 03 JUNE 2023

BETWEEN WHAT HOURS

FROM: 09:00

TO: 18:00

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?**

YES	NO
X	

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
	X

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

22nd 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 st December 2022 to 30 th December 2023
Indemnity Limit:	£20,000,000 any one occurrence
Excess:	£500 in respect of Third Party Property Damage

Towergate Insurance Brokers

2nd Floor, Front Wing, Olympus House, Olympus Avenue, Warwick, CV34 6BF

Tel: **01926 439 439** Email: **warwick@towergate.co.uk**

www.towergate.com

Towergate Insurance Brokers is a trading name of Advisory Insurance Brokers Limited.
Registered in England No. 4043759. Authorised and regulated by the Financial Conduct Authority.
Registered address: 2 Minister Court, Mincing Lane, London EC3R 7PD.



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

A handwritten signature in black ink that reads "Larisa Price". The signature is written in a cursive style with a large initial 'L'.

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.

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

www.blackpool.gov.uk



1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

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

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

Title:	LORD	Forename (s)	JAMES ROBERT JOHN			
<u>Surname</u>	ALLAN	<u>Date of Birth</u>	XX	XX	XX	
<u>Home address</u>						
		<u>Post Code</u>				
☎ Telephone Number			☎ Mobile Number			
Email Address						

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

<u>Name</u>	LORD JIM R. J. ALLAN OF HOUGUN MANOR				
<u>Registered address</u>	XX				
	XX				
		<u>Post Code</u>	XXX XXX		
☎ Telephone Number	XXXXXXXXXXXX		☎ Mobile Number	XXXXXXXXXXXX	
Email Address	XX				

2) **Correspondence Name and Address**

<u>Name</u>	LORD JIM R. J. ALLAN OF HOUGUN MANOR				
<u>Address</u>	XX				
	XX				
		<u>Post Code</u>	XXX XXX		
☎ Telephone Number	XXXXXXXXXXXX		☎ Mobile Number	XXXXXXXXXXXX	
Email Address	XX				

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

Name of Charity	DIABETES UK		
Address	NORTHWEST AREA OFFICE, UNIT C, 2ND FLOOR, DALLAM COURT,		
	DALLAM LANE, WARRINGTON,		
		Post Code	WA2 7LT
Charity Registration Number (if applicable)	215199		

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

Money	Property
X	

Tick as appropriate

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

NO PROPERTY TO BE COLLECTED

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 in Blackpool town centre. From St Johns Square to bottom of Church Street @ Santander. volunteers may have QR code for public to scan and donate or card donation terminals. No personal information will be collected or stored from any members of the public.

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?

AGREED 4 COLLECTORS 9/3/23

MAXIMUM OF TWENTY AT ANYONE TIME

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

ALL FUNDS TO BE USED TO SUPPORT DIABETES UK

8) Objects of the Charity or Fund.

TO SUPPORT PEOPLE AFFECTED BY DIABETES

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

FRID 23 JUNE 2023

& SAT 24 JUNE 2023

BETWEEN WHAT HOURS

FROM: 09:00

TO: 18:00

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?

YES	NO
X	

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
	X

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

Blackpool Council

APPLICATION FOR A STREET COLLECTION PERMIT

Applicants Name:	JOANNA ALITT
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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

1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

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

A) Individual Applicant -

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

Title:	Mr	Mrs	Miss	Ms	Forename (s)					
<u>Surname</u>					<u>Date of Birth</u>					
<u>Home address</u>										
					<u>Post Code</u>					
☎ Telephone Number				☎ Mobile Number						
Email Address										

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

<u>Name</u>	BLUE SKIES HOSPITALS FUND/JOANNA ALLITT									
<u>Registered address</u>	BLACKPOOL VICTORIA HOSPITALS									
	WHINNEY HEYS RD									
	BLACKPOOL				<u>Post Code</u>	F	Y	3		
☎ Telephone Number	[REDACTED]			☎ Mobile Number	[REDACTED]					
Email Address	[REDACTED]									

2) Correspondence Name and Address

<u>Name</u>										
<u>Address</u>										
					<u>Post Code</u>					
☎ Telephone Number				☎ Mobile Number						
Email Address										

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

Name of Charity	BLUE SKIES HOSPITALS FUND				
Address	BLACKPOOL VICTORIA HOSPITAL				
	WHINNEY HEYS RD				
	BLACKPOOL	Post Code	F	7	8 8 2 R
Charity Registration Number (if applicable)	1051570				

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

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

Tick as appropriate

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

5) What method of collection is to take place?

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

Bucket Collection

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

x8

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

Enhance Patient Care / Sponsored Walk.
Part of our 25th Anniversary Appeal

8) Objects of the Charity or Fund.

Enhance patient care.

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

5/7/23

BETWEEN WHAT HOURS

FROM:	4.30 PM
TO:	9.30 PM

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

FROM STARR GATE, ALONG THEREON
UP WATERLOO RD TO PRESTON NEW ROAD ALONG
EAST PARK DRIVE TO THE HOSPITAL

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.

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

YES	NO
	✓

Tick as appropriate

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

AUTHORITY	DATE	REASON

15) Signature of Applicant

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

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

Usual Signature	[REDACTED]		
Printed Name	JOANNA ALLITT		
Capacity	COMMUNITY FUNDRAISER		
Date	02	03	2023

Blackpool Council

App 091448

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
www.blackpool.gov.uk



1) Applicant Details

In what capacity are you applying for a licence?

Please tick:

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

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

Title:	Mr	Mrs	Miss	Ms	Forename (s)						
<u>Surname</u>					<u>Date of Birth</u>						
<u>Home address</u>											
					<u>Post Code</u>						
☎ Telephone Number					☎ Mobile Number						
Email Address											

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

<u>Name</u>	THE CHRISTIE CHARITABLE FUND											
<u>Registered address</u>	2-4 CANDLEFORD RD											
	WITHINGTON											
					<u>Post Code</u>	M	2	0	-	3	0	M
☎ Telephone Number	[REDACTED]				☎ Mobile Number	[REDACTED]						
Email Address	[REDACTED]											

2) Correspondence Name and Address

<u>Name</u>	ABBIE WICK										
<u>Address</u>	2-4 CANDLEFORD RD										
	WITHINGTON										
					<u>Post Code</u>	M	2	0	3	0	M
☎ Telephone Number	[REDACTED]				☎ Mobile Number	[REDACTED]					
Email Address	[REDACTED]										

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

Name of Charity	The Christie Charitable Fund				
Address	2-4 CANDLEFORD RD				
	WITHINGTON				
		Post Code	M	20	3JK
Charity Registration Number (if applicable)	1049751				

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

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

Tick as appropriate

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

5) What method of collection is to take place?

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

Street collection using buckets at the Manchester to Blackpool bike ride 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?

4

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

TO SUPPORT & DEVELOP FOUR KEY AREAS WITHIN THE CHARITY. • IMPROVING PATIENT & CARER EXPERIENCE • FACILITATING HIGH QUALITY RESEARCH PROGRAMMES • SUPPORTING INNOVATION IN THE DEVELOPMENT OF SERVICES.

8) Objects of the Charity or Fund. • PROMOTING & SUPPORTING DEVELOPMENT OF STAFF.

THE CHRISTIE CHARITY provides enhanced services above and beyond what the NHS funds.

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

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

DATE 09/07/23

BETWEEN WHAT HOURS

FROM: 10:00 AM
TO: 17:00 PM

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

SOUTH PROMENADE AND STREETS SURROUNDING THE SOLARIS CENTRE

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.

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	ABBIE WICK		
Capacity	SPORTING EVENTS OFFICER		
Date	15	02	23



Join The Christie
against cancer

The Christie
Charitable Fund

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

The Christie Charitable Fund, Wilmslow Road,
Manchester M20 4BX

Registered charity no. 1049751

Tel: 0161 446 3988
www.christies.org



1) **Applicant Details**

In what capacity are you applying for a licence?

Please tick:

a) An individual

Complete Section A

b) A person other than an individual

I. As a charity

Complete Section B

II. As a limited company

Complete Section B

III. Other

Complete Section B

A) Individual Applicant -

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

Title:	Mr	Mrs	Miss	Ms	Forename (s)							
						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

Name NATIONAL COASTWATCH INSTITUTION FLEETWOOD

Registered address 17 DEAN ST
LISKEARD
CORNWALL

Post Code PL144 AB

☎ Telephone Number 03001111202 **☎ Mobile Number**

Email Address admin@ncl.or.uk

2) Correspondence Name and Address

Name GILLIAN COOPER

Address [REDACTED]

Post Code [REDACTED]

☎ Telephone Number [REDACTED] **Mobile Number** [REDACTED]

Email Address [REDACTED]

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

Name of Charity	NATIONAL COASTWATCH INSTITUTION									
Address	17 DEAN ST									
	LISKEARD									
	CORNWALL			Post Code	P	L	1	4	4	A
Charity Registration Number (if applicable)	1159975									

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

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

Tick as appropriate

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

NIA

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 AND SEALED TINS

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?

12 maximum

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

OPERATION OF NCT. FLEETWOOD @ ROSSALL POINT TOWER

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

BETWEEN WHAT HOURS

FROM:
TO:

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

SPONSORED WALK BLACKPOOL TOWER TO 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Tick as appropriate

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

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

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

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

Tick as appropriate

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

AUTHORITY	DATE	REASON
N/A		

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	
Printed Name	GILLIAN COOPER
Capacity	OPERATIONS SECRETARY
Date	24 02 2023