

APPLICATION FORM

STREET COLLECTION

Application for permission to collect money in street within the District of Lichfield for the benefit of charitable or other purposes.

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| Name of Society, Committee or other body of persons responsible for the collection |  |
| Address (this should be the address of the Head Office of the Society or other body) etc |  |
| Telephone number |  |

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| Name of the person making the application for the permit who will be responsible for the collection |  |
| Position in above society |  |
| Home Address including postcode (note: this is the address which will appear on your permit) |  |
| Date of Birth |  |
| Telephone number |  |

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| Relationship between Charity and person making the application |  |

Please note – If the relationship is one of ‘professional fundraiser’ please supply a copy of contract or agreement between the applicant body and the charity

Please note – If you intend to collect on behalf of a charity of which you are not a member, written authority must be obtained from the said charity authorising you to organise collections on the charity’s behalf and submitted with this application

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| Name of the Charity or Fund which is to benefit |  |
| Registered Charity Number |  |
| Address of the Administrative Centre of the fund (i.e Local Centre) |  |
| Name of the Secretary |  |
| Telephone number |  |
| Objects of the Charity or fund |  |
| How long has the Charity or Fund been operating in the District of Lichfield |  |

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| Dates upon which it is desired to make the collection |  |
| Alternative dates |  |
| Location |  |
| Do you require permission of the landowner – If yes please attach |  |

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| If you intend to bring animals with you to the collection please state the type of animal and number of animals |  |
| Do you hold an exhibition of animals licence? If so please provide a copy with this application form |  |
| Please state how the animals will be cared for during the collection for example feeding etc |  |

If you wish to bring animals with you to the collection the animal will require an exhibition of animals Licence.

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| Disposal of receipts. Are the whole of the receipts to be paid over for the benefit of the Charity or fund, or will any deductions be made for expenses, or other purposes?. |  |
| If any deduction is made, state for what purpose and give an estimate of the sum which will be deducted. |  |

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| Has the Society, Charity or person making this application ever had a Street Collection Permit refused or revoked? |  |
| If yes please give details |  |

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| Please indicate whether you intend to have volunteers or paid collectors carrying out the collection |  |
| If collectors are to be paid, please give payment details |  |
| Have any of the collectors ever been convicted of offences involving dishonesty? |  |

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| Name and Address of Accountant |  |
| Details of Accountants Qualifications |  |

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| Signature of person making this application……………………………………………………………………………….Date of Application……………………………………………………………….. |

False or misleading information will lead to the application being rejected, and may also result in prosecution

Once fully completed, please return this form to:-

Licensing Department, Lichfield District Council, District Council House, Frog Lane, Lichfield, Staffs, WS13 6YU