

APPLICATION FOR PERMISSION TO HOLD A

STREET COLLECTION

TO COLLECT MONEY OR SELL ARTICLES IN STREETS OR PUBLIC PLACES WITHIN WEST WILTSHIRE FOR THE BENEFIT OF CHARITABLE OR OTHER PURPOSES

1	<p>Name and address of society, committee or body responsible for the collection or sale</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Tel No.....</p>
2	<p>Name and address of the person/s making the application who will be jointly responsible for the collection or sale</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Tel No (Office Hours).....</p>
3	<p>Name of Charity or Fund which is to benefit. Is the Charity registered? Registered Number</p>	<p>.....</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> * *please tick</p> <p>.....</p>
4	<p>Objectives of Charity or Fund</p>	<p>.....</p> <p>.....</p>

5	Where do you want to make the collection or sale? 1..... 2..... 3..... 4..... 5.....	When do you want to make the collection or sale? Date..... Date..... Date..... Date..... Date.....	Hoursto.....to.....to.....to.....to.....
6	(A) How will the collection or sale be made? (Eg. Sealed tins or other receptacles)		
	(B) What arrangements will be made to ensure that the money collected is handed over with the least possible delay to the person responsible for the proper application of the money?		
7	DISPOSAL OF THE RECEIPTS		
	(A) Will all of the receipts be paid over for the benefit of the Charity or Fund, or will any deduction be made for expenses or for any other purpose?		
	(B) If any deduction is to be made, state for what purpose and give an estimate of the sum which will be deducted		
8	Will this collection be made in conjunction with a House to House Collection?	Yes <input type="checkbox"/> No <input type="checkbox"/> * *please tick	
9	I have the written consent of the charity to carry out a street collection on their behalf, which is enclosed.	<input type="checkbox"/>	

You will need to supply a letter from the charity, on their headed paper, stating that they consent to you carrying out a street collection on their behalf.

Signature of Applicant:..... Date:

Position in Organisation:

PLEASE RETURN THIS FORM TO:
Licensing Office
West Wiltshire District Council
Bradley Road
Trowbridge
Wilts BA14 0RD