

## **Application for a Street Collection Permit**

Police, Factories, Etc. (Miscellaneous Provisions) Act 1916 Charities Act 1992 Charitable Institutions (fund-raising) Regulations 1994

I hereby apply for a permit authorising me to conduct a public charitable collection, the particulars of which are specified below.

Please refer to guidance notes (\* Delete as appropriate)

## **SECTION A – Particulars of Applicant**

1.	Surname (IN BLOCK CAPITALS):Title:
	Other Names
	Home Address:
	Date of Birth Home Telephone Number
	Mobile Telephone NumberWork Telephone Number
	Fax Number E-mail address
2.	If applying of behalf of a Registered Charity, please quote the Registration Number:
	Are you applying on behalf of a professional Fund-raiser or Commercial Participator (as defined by the Charities Act 1992)? * YES / NO
	If YES, please quote full details:
	Full name of Company
	Company Registered No
	Registered Address:
	Telephone Number:Fax Number:

3.	Have you, or to your knowledge has anyone associated with the promotion of any collection, been refused a Perm or Order under the Act, or ever had a Permit or order revoked?  * YES / NO	it
	If, YES give full details	
4.	Have you been convicted of any offence (irrespective of whether the offence is spent or not) contrary to:	
	(a) Section 5 of the police, Factories etc. (miscellaneous Provisions) Act 1916:  * YES / N	0
	(b) The House to House Collections Act 1939: * YES / N	10
	(c) Section 119 of the Civic Government (Scotland) Act 1982: * YES / N	10
	(d) Part II of the Charities Act 1992 including the Charitable Institutions (fund-raising) Regulations 1994: * YES / N	Ю
S	ECTION B – Charity Details	
1.	Is the collection for the benefit of a named Charity / named Charities, a person/s or for unspecified general charita causes?  (Please go to Section C – question 1)	ble
	(i loade go to decitor o "question")	
	Charity	
	Personal	
	General	
2.	Please state the full name of the Charity / Person:	
3.	Is the Charity registered? * YES / NO	
	If <b>NO</b> , please state whether unregistered or pending:	
4.	Please give details of the Charity / Person:	
	Home Address:	

5.	Please give details of the contact person:		
	Surname (IN BLOCK CAPITALS) Other Names		
	Telephone Number:		
6.	Has the charity/person permitting the applicant to collect on their behalf granted a written agreement? * YES / NO		
	If YES, please attach a copy of the relevant agreement.		
	If NO, it may not be possible for this authority to grant a permit		
S	SECTION C – Details of Collection		
1.	On what dates is it proposed to collect?*		
	*Provisionally booked		
2.	In what areas of the town/city is it proposed the collection will be made?*		
	*Provisionally booked:		
3.	Between what hours is it proposed to collect?		
	Commence: Finish:		
4.	It is proposed to:		
	(a) Collect money? * YES / NO		
	If <b>YES</b> , please state the receptacle type (sealed container – own / charities / other		
	(b) Sell articles for the benefit of charitable or other purposes: * YES / NO		
	If <b>YES</b> , please state whether flags, badges, magazines or other:		
5.	Is it proposed to solicit a fixed contribution, e.g. 50p or £1? * YES / NO		
	If <b>YES</b> , please state which		

6.	Is it proposed to permit donors to make additional contributions if they wish? * YES / NO	
	If YES, how will such additional contributions be separated from other monies and accounted for?	
7.	Is it proposed to collect other property? * YES / NO	
	If <b>YES</b> , please specify the nature of property:	
	How will such property be disposed of? (Sold / donated / used):	
8.	Approximately how many persons is it proposed to authorise to act as collectors in this Authority's area and subject of this collection?	
9.	Will all collectors wear identification badges showing their names and the names and address of the charity, organisation or individual, as appropriate?   * YES / NO	
10	Is application being made for Collection Permits for the same purposes, in other Local Authority areas?  * YES / NO	
	If YES, state all authorities applied to:	
	Approximately how many persons in all is it proposed will act as collectors throughout all authorities?	
11	REGISTERED CHARITIES ONLY:	
Will the collectors be remunerated? * YES / NO		
Will any payments, including expenses, be pain out of the proceeds of the collection prior to banking? * YES / NO		

PROFESSIONS FUND-RAISERS / COMMERCIAL PARTICIPATORS/ OTHERS:
Will the collectors be remunerated? * YES / NO
What amount/ percentage of the proceeds is intended to pay collectors?
£ per day / % And/ or per ticket/ sale etc.
And/ or £ expenses per day.
Is it proposed to pay others? E.g. supervisory staff, agents, etc.? * YES / NO
If YES, please provide full details:
IN THE CASE OF COLLECTIONS FOR A SPECIFIED REGISTERED CHARITY HAVE YOU AGREED TO PAY ALL COLLECTED MONIES DIRECT TO THE CHARITY BEFORE ANY DEDUCTIONS FOR REMUNERATION, EXPENSES OR PRIZES HAVE BEEN MADE? *YES/NO

## **SECTION D – Declaration**

I confirm that the information I have given is correct to the best of my knowledge and belief. I understand that I shall be liable to prosecution if I have knowingly or recklessly made a false statement or omitted any relevant information

## This Form should be returned to:

Email: licensing@wokingham.gov.uk

Licensing, Wokingham Borough Council, Civic Offices, Shute End, Wokingham RG40 1BN

Phone 0118 974 6000