

STREET COLLECTION PERMIT

APPLICATION FORM

Police, Factories (Miscellaneous Provisions) Act, 1916.

I hereby apply to Preston City Council for permission to hold a Charitable Street Collection in accordance with the provisions of the Police, Factories etc. (Miscellaneous Provisions) Act 1916 and the regulations made thereafter.

1. Name and address of Applicant.

Title	Mr \square	Mrs 🗆	Miss	Ms 🗆	Other
Surname					
Forename					
Date of Birth	<i>1</i>	1			
Home address					
nome address					
Post Town			Post Code		
Telephone			Mobile		
		•	•		

2. Name and address of Society, Charity or other body responsible for the proposed collection.

Name		
Address		
Address		
Post Town	Post Code	
Registered Charity Number (if applicable)		

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3. Name and address of	Honorary :	Secretary.		.	
Title	Mr 🗆	Mrs 🗆	Miss	Ms \square	Other
Surname					
Forename					
Address					
Addiess					
Post Town			Post Code		
4. Name of address of H	onorary Tr	easurer.			
Title	Mr 🗆	Mrs 🗆	Miss	Ms 🗆	Other
Surname					
Forename					
Address					
Address					
Post Town			Post Code		
5. Name and Address of	Auditor.				
Title	Mr 🗆	Mrs 🗆	Miss	Ms \square	Other
Surname					
Forename					
Address					
Address					
Post Town			Post Code		
6. Name and Address of Bank.					
Name of Bank					
Address					
Postal Town			Post Code		

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Name			
Address			
Post Town		Post Code	
Registered Charity Number (if applicable)			
Do you work for this charity or fund?			
∕es □ No □			
f yes, your position:			
f you <u>do not</u> work for the charity or fund to collection, you must send a letter from the chey agree to you collecting on their beha	em with this app		
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collection, you must send a letter from the hey agree to you collecting on their behands. 3. What is the aim of the charity or fund who	em with this app lf.	olication confirming	
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. Has a permit for a similar collection ever been refused?						
Yes □ No □						
If yes, please state by which local authority, date refused and reason given.						
Authority	Date		Reason for REFUSAL			
	or a War Charity? If so, 1940, and provide Nan		ity has been registered under Authority and date of			
12. Which area (s) do	12. Which area (s) do you wish to collect in?					
13. How many persons are you proposing to be authorised to act as collectors?						
14. What is the method adopted in making the collection e.g. direct debit, sponsored walk?						

Please note that we do not issue permits for collections in private shopping centres. Contact the relevant Centre Manager for permission.

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15.	Please s	pecify	date	and	hours	of	pro	posed	colle	ction:

	Date	Hours from and to:
1 st Choice		
1 CHOICE		to
and at		to
2 nd Choice		
		to
3 rd Choice		
	1 J I	to

16. Which address do you w to be sent to?	sh the permit	
Signature of applicant Print name		

This form should be completed and returned to: -

Environmental Health Licensing Services Town Hall Lancaster Road Preston PR1 2RL

Date

Preston City Council will use your information in a manner compatible with the GDPR. Any disclosures or sharing of information will only take place where permitted by law. For further information please see our privacy notice at: http://www.preston.gov.uk/thecouncil/data-protection-and-freedom-of-information/privacy-notice/

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