

## PUBLIC CHARITABLE STREET COLLECTION APPLICATION POLICE, FACTORIES & c(MISCELLANEOUS PROVISIONS)ACT 1916s5

Please complete in black ink and block capitals (except for signatures). NB: F. must accompany this application. Section 11 overleaf must be completed. F	
1. Name and Address of Society, Committee or Body (To which permit may be forwarded)	Tel No:
2. a) Name & Address of Charity or Fund to benefit:	TCI NO.
b) Name of Secretary or chief executive officer:	
3. <b>Objects of the Charity or Fund:</b> (If first time collection within the City of London the last audited annual statement of accounts and literature concerning the aims and objectives of the organisation must be provided in support of this application together with the last accounts of a similar collection if held in another area).	Registered Charity No:
<ul> <li>4. a) Proposed date of collection:</li> <li>b) Is it proposed that the collection be held in connection with procession and for one or more of the special permissions referred to in the provisos to Regulations 8, 11 &amp; 12</li> </ul>	
5. Proposed location of collection: (Specify area or whole of City of London)	
6. State other authorities to which you have previously made application to collect for the same purpose	
7. a) Method of proposed collection:	
b) Number of collectors:	
8. Payments (if any) to be made to persons connected with the promotion or conduct of the collection including the Name & Address of each recipient and the amount to be paid in each case from the proceeds.  (NB Such payments are normally prohibited. See Regulations 17(1) & (2). These expenses are generally funded by donations or central funds).	
9. a) Distribution of proceeds to charity or fund:	
b) Estimated deduction of expenses: (See Notes of Guidance regarding expenses)	
10. Have any of the applicants or anyone associated with the promotion of the collection been refused or had a licence or permit revoked?	Yes/No (Delete as appropriate)  If Yes, please supply full details on a separate sheet.

Applicants not directly in the employ of the benefiting charity or fund must provide an authorisation letter from the relevant organisation giving them permission to promote a street collection on their behalf within the City of London on the date nominated.

NB: Please complete section 11 overleaf and return completed application form and supporting documents to:

The Trading Standards & Veterinary Services Director, City of London Corporation, P O 270, Guildhall, London EC2P 2EJ

5DA not later than the first day of the month preceding that in which it is proposed to commence the collection.

Pcc app.frm (01/04/01)

1st APPLICANT

## **CHIEF PROMOTER DETAILS**

Give your permanent address in the United Kingdom

This section must be completed by the three individuals jointly responsible for the collection

Mr/Mrs/Miss/Ms or Title:		Home Address	Home Address	
Surname:				
First Names:				
Maiden/Former Names:		Post Town	Post Town Post Code	
Male/Female: Height		Daytime Tel. No:		
Date of Birth:		I declare that I have checked the details I have given and to the best of my knowledge they are correct. I have also read the Regulations concerning public charitable collections and I am entitled to the permit for which I apply.		
Town of Birth:				
Country of Birth:		Sign Here	Date	
<b>CONVICTIONS</b>	Only complete this section if applicable and in accordance with the Reha	abilitation of Offenders Act 1974. Use a separate sheet if necessary		
Date of Conviction	Court	Offence	Sentence or fine	
2nd APPLICANT		Give your permanent address	s in the United Kingdom	
Mr/Mrs/Miss/Ms or Title:		Home Address	Home Address	
Surname:				
First Names:				
Maiden/Former Names:		Post Town	Post Code	
Male/Female: Height		Daytime Tel. No:	Daytime Tel. No:	
Date of Birth:		I declare that I have checked the details I have given and to the best of my knowledge they are correct. I have also read the Regulations concerning public charitable collections and I am entitled to the permit for which I apply.		
Town of Birth:				
Country of Birth:		Sign Here	Date	
CONVICTIONS	Only complete this section if applicable and in accordance with the Reha	abilitation of Offenders Act 1974. Use a separate sheet if necessary		
Date of Conviction	Court	Offence	Sentence or fine	
3rd APPLICANT		Cive your permanent address	s in the United Kingdom	
3rd APPLICANT  Mr/Mrs/Miss/Ms or Title:			Give your permanent address in the United Kingdom  Home Address	
Surname:		110110 11001055		
First Names:				
Maiden/Former Names:		Post Town	Post Code	
Male/Female: Height		Daytime Tel. No:		
Date of Birth:		I declare that I have checked the	I declare that I have checked the details I have given and to the best of my knowledge they are correct. I have also read the Regulations concerning public charitable collections and I am entitled to the permit for which I apply.	
Town of Birth:				
Country of Birth:		Sign Here	Date	
<b>CONVICTIONS</b>	Only complete this section if applicable and in accordance with the Reha	abilitation of Offenders Act 1974. Use a separate sheet if necessary		
Date of Conviction	Court	Offence	Sentence or fine	
<del>                                     </del>	+			

The Local Authority is empowered to refuse to grant or to revoke a licence for specified offences. The information supplied is subject to the provisions of the Data Protection Act 1984 and may only be used in connection with this public charitable collection application.

Declaration: Persons giving false information to obtain a permit can be prosecuted.