



APPLICATION FOR A STREET COLLECTION
Police, Factories etc. (Miscellaneous Provisions) Act, 1916
Local Government Act, 1972

To:

[Insert name and address of the Council in whose area the premises is located]

1. Name of applicant for the permit who will be responsible for the Collection and who will sign and issue each collector authority to collect.

2. Address of Applicant

Postcode: Telephone No:

3. Name of the Charity for which the Collection is being made. (This name is displayed on the collection box)

4. Address of the administrative centre of the charity.

Postcode: Telephone No:

5. Date upon which it is desired to make the collection:

6. Over what part(s) of the District is it proposed that the Collection should extend.

7. Is this a Registered Charity? If so, please give the Registration No:

8. Objects of the Charity Fund:

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9. Name and address of Secretary:

| | |
|-----------|---------------|
| | |
| Postcode: | Telephone No: |

10. Name and address of Treasurer:

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|-----------|---------------|
| | |
| Postcode: | Telephone No: |

11. Name and address of Auditor:

| | |
|-----------|---------------|
| | |
| Postcode: | Telephone No: |

12. Name and address of Bankers:

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|-----------|---------------|
| | |
| Postcode: | Telephone No: |

13. Approximate numbers of collectors to whom the Authority will be given:

14. Is the Collection to be in conjunction with a special event: YES/NO

If YES, please give details:

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15. Has the Collection of a similar object been previously refused? YES/NO

16. The Method adopted in making the collection:

17. Has the applicant been convicted of any crime or offence arising out of the promotion of a public charitable collection, or any offence involving dishonesty? YES/NO

If YES, please give details.

18. Is an application been made for a House to House Collection for the above mentioned Charity during the same period? YES/NO

If so, during which period is the Collection for?

Is it desired that accounts for the House to House and Street Collection be combined? YES/NO

Date of Application:

Signature of Applicant:

Print Name:

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East Northamptonshire Council
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