



The Licensing Team
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APPLICATION FOR A HOUSE TO HOUSE COLLECTION LICENCE

Form Ref: G/HH1

Data Protection

North Devon Council is the Data Controller.

This information is being collected for the purpose of processing a Licence Application with the Council (type as per application form), but may be used for the wider purpose of Planning, Licensing, Registration and Regulation. When you complete this application form, you are providing your consent for the Council to hold and use your personal information for this purpose.

The information you provide may be shared with other agencies and other departments within North Devon Council. The information may be used for research, analysis and statistical purposes, but NOT commercial marketing purposes.

The Council may wish to contact you regarding issues relevant to this Licence application. Please advise us of any change in your circumstances.

If you require this document in an alternative format, please contact us.

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant questions). You may wish to keep a copy of the completed form for your records.

APPLICATION FOR A HOUSE TO HOUSE COLLECTION LICENCE

HOUSE TO HOUSE COLLECTIONS 1939;
HOUSE TO HOUSE REGULATIONS 1947

Part 1 – Applicant Details

1. Title: Mr Mrs Miss Ms Dr Other (*please specify*)

Surname:

Other name(s):

2. Home Address:

Postcode:

3. Telephone:

Daytime:

Mobile:

Evening:

4. Email Address:

[please give as many contact details as possible in case we need to contact you]

Part 2 – Society Details

5. Name of Society/Organisation/Club:

6. Particulars of charitable purposes to which proceeds of collection are to be applied.
(Full particulars should be given and, where possible, the most recent account of any charity which is to benefit should be enclosed)

7. Over what parts of the area is it proposed that the collection should be extend?

8. During what period of the year is it proposed that the collection should be made?

9. Is it proposed to collect money?

YES/NO*

10. Is it proposed to collect other property?

YES/NO*

If so, of what nature?

Is it proposed to sell such property or to give it away or to use it?

YES/NO*

11. Approximately how many persons is it proposed to authorise to act as collectors in the area of the Authority to which this application is addressed?

12. Is it proposed that remuneration should be paid out of the proceeds of the collection –

a) To collectors?

YES/NO*

b) To other persons?

YES/NO*

If so, what rates and to what classes of persons?	
13. Is application being made for collections for the same purpose in other areas?	YES/NO*
If so, what authorities?	
And, approximately, how many persons in all is it proposed to authorise to act as collectors?	
14. Has the applicant, or to the knowledge of the applicant, anyone associated with the promotion of the collection, been refused a licence or order under the Act, or had a licence or order revoked?	YES/NO*
If so, give particulars:	
15. Is it proposed to promote this collection in conjunction with a street collection?	YES/NO*
If so, is it desired that the accounts of this collection should be combined wholly or in part with the account of the street collection?	YES/NO*
16. If the collection is for a war charity, state if such charity has been registered under the War Charities Act 1940, and give name or registration authority and date of registration or exemption:	

Part 3 – Declaration and Signature

17. I DO HEREBY CERTIFY that to the best of my knowledge and belief, the above particulars are true.	<input type="checkbox"/>
18. Signature of applicant:	
Signature:	
Print Name:	
Date:	
<i>[Where the application is to be submitted in an electronic form, the signature should be generated electronically and should be a copy of the person's written signature.]</i>	

Part 4 – Contact Details

19. Please give the name of a person who can be contacted about the application:

20. Please give one or more telephone numbers at which the person identified in question 15 can be contacted:

Daytime:

Mobile:

Evening:

21. Postal address for correspondence associated with this application:

Postcode:

22. If you are happy for correspondence in relation to your application to be sent via e-mail, please give the e-mail address below:

* Delete or select as appropriate.