

	<p style="text-align: center;">The Licensing Team Environmental Health & Housing North Devon Council Civic Centre, North Walk Barnstaple, Devon EX31 1EA</p>	<p style="text-align: right;">Contact Details: Tel: 01271 388870 Fax: 01271 388328 Email: licensing@northdevon.gov.uk Web: www.northdevon.gov.uk/licensing</p>
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FORM OF ACCOUNT OF EXPENSES, PROCEEDS AND APPLICATION OF PROCEEDS OF COLLECTION MONEY

Form Ref: G/SC2

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.

**FORM OF ACCOUNT OF EXPENSES, PROCEEDS AND APPLICATION
OF PROCEEDS OF COLLECTION MONEY**

POLICE FACTORIES ETC (MISCELLANEOUS PROVISIONS) ACT 1916,
(AS AMENDED), LOCAL GOVERNMENT ACT 1972

Part 1 – Details of Chief Promoter		
1. Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <i>(please specify)</i>		
Surname:		
Other name(s):		
2. Home Address:		
Postcode:		
3. Telephone:	Daytime:	
	Mobile:	
	Evening:	
4. Email Address:		
<i>[please give as many contact details as possible in case we need to contact you]</i>		

Part 2 – Collection Details	
5. Purpose of collection:	
6. Parish/Town to which account relates:	
7. Date of Street Collection:	
8. Permit Number:	

ALL AMOUNTS TO BE ENTERED GROSS

A			B		
Proceeds of Collection			Expenses and Application of Proceeds		
	£	p		£	p
From Collectors, as in list of collectors and mounts attached hereto			Printing and Stationery		
			Postages		
			Advertising		
Bank Interest			Badges		
			Emblems		
Other Items (if any):					
			Collecting Boxes		
			Payments approved under Reg 15(2)		
			Other Items (if any)		
			Disposal of balance (insert particulars)		
TOTAL					

Total of Column A must equal total of Column B

I certify that to the best of my knowledge and belief that the above is a true account of the expenses, proceeds and application of the proceeds of the collection to which it relates.

Date

Signature

CERTIFICATE OF AUDITOR

I certify that I have obtained all the information and explanations required by me as auditor and that the above is in my opinion a true account of the expenses, proceeds and application of the proceeds of the collection to which it related.

Date

Signature

Profession/Occupation

Qualifications

- As per the Street Collection Guidance notes the following items are required to be submitted with this statement of return:
- A list of the collectors Condition 16(1)b
 - A list of the amounts in each box Condition 16(1)c
 - A newspaper cutting detailing the name of the promoter, the area for the collection and the date of the collection, the amount collected and the amount of the expenses Condition 16(2)