



**The Licensing Team**  
Environmental Health & Housing  
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## **FORM OF ACCOUNT OF EXPENSES, PROCEEDS AND APPLICATION OF PROCEEDS OF COLLECTION MONEY**

**Form Ref: G/HH3**

### **Privacy Notice – privacy & data protection**

North Devon Council, the Data Controller, collects personal information when you contact us for the licensing services we provide. We will use this information to provide these services, such as the granting of a licence, permit, registration or receipt of a notice.

We may need to share your information with other departments in North Devon Council or external/ third parties, where this is necessary to perform our public functions & services as provided by law.

For more information as a Data Subject regarding privacy & data protection, including how we manage your personal information, data retention and your rights, please see our Privacy Notice on the website: [www.northdevon.gov.uk/privacy](http://www.northdevon.gov.uk/privacy)

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 FOR PROPERTY SOLD OR COLLECTED FOR  
SALE**

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

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

<b>Part 2 Collection Details</b>	
1. Name of charity: <input type="text"/>	
2. Purpose of collection: <input type="text"/>	
3. Parish/Town to which account relates: <input type="text"/>	
4. Date of Collection:	<input type="text"/>
5. Permit Number:	<input type="text"/>

**ALL AMOUNTS TO BE ENTERED GROSS**

If nill return please tick  and state reason:

MONETARY RECEIPTS			EXPENSES AND APPLICATION OF RECEIPTS		
	£	p		£	p
Amount obtained during period of account by sales of property collected.			Items of expense incurred during period of account, other than expenses incurred for the purpose of converting property into cash, including:		
Bank Interest					
			Items of expense incurred during period of account for the purpose of converting property collected into cash, including:		
Other Items (if any):					
			Disposal of balance (insert particulars):		
<b>TOTAL</b>			<b>TOTAL</b>		

**VALUATION OF PROPERTY COLLECTED**

Estimated value of property collected during period of account

If the estimated value is not equal to the difference between the 'amount obtained by sales of property collected' and the total of the 'items of expense incurred during period of account for the purpose of converting property collected into cash', as stated in the cash account, an explanation should be given.

**CERTIFICATE OF CHIEF PROMOTER**

I certify that to the best of my knowledge and belief that the above is a true account of the expenses, and the value and application of the proceeds of the collection to which it relates, and that none of the property to which it relates has been disposed of otherwise than by sale, unless found useless and destroyed or otherwise disposed of as rubbish.

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 monetary receipts and expenses, and application of the monetary receipts of the collection to which it relates.

Name

Address

Date

Signature

Profession/Occupation:

Qualifications: