

The Licensing Team

Environmental Health & Housing North Devon Council POBOX 379, Barnstaple, Devon, EX32 2GR Contact Details: Tel: 01271 388870 Fax: 01271 388328

Email: licensing@northdevon.gov.uk
Web: www.northdevon.gov.uk/licensing

APPLICATION FOR A STREET COLLECTION PERMIT (Form Ref: G/SC1)

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

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

PLEASE READ THE FOLLOWING 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.

PROVISION OF REGULATED ENTERTAINMENT & PROMOTION OF COLLECTIONS VIA USE OF STANDS, DISPLAYS ETC

A Street Collection Permit provides authorisation to collect money or sell articles for charitable purposes. Please be mindful that if you wish to provide 'regulated entertainment' whilst undertaking your collection you may also require a licence under the Licensing Act 2003. Please contact a member of the Licensing Team should you require further information as to whether this will apply, or if you wish to obtain an application for a Temporary Event Notice.

For those wishing to provide entertainment and/or to promote their collections via the use of stands, displays (vehicles on display for example) etc, whilst collecting in Barnstaple, please contact Barnstaple Town Centre Management (BTCM) who authorise and co-ordinate this type of activity in the town centre. BTCM hold a premises licence which you may be able to utilise. Contact BTCM at Barum House, The Square, Barnstaple, Devon, EX32 8LS, telephone 01271 321 049, or email btcm@northdevon.gov.uk

APPLICATION FOR A STREET COLLECTION PERMIT

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

I HEREBY APPLY to the North Devon Council for a Street Collection Permit to COLLECT MONEY/SELL THE FOLLOWING ARTICLES*

[Please answer ALL questions fully in order that the processing of your application is not delayed]

| Part 1 – Applicant Details | | | | | | | |
|--|--|--|--|--|--|--|--|
| 1. Title: Mr Mrs Miss Ms Or Other (please specify) | | | | | | | |
| Surname: | | | | | | | |
| Other name(s): | | | | | | | |
| 2. Home Address: | | | | | | | |
| | | | | | | | |
| Postcode: Date of Birth: | | | | | | | |
| 3. Telephone: Daytime: | | | | | | | |
| Mobile: | | | | | | | |
| Evening: | | | | | | | |
| 4. Email Address: | | | | | | | |
| [please give as many contact details as possible in case we need to contact you] | | | | | | | |
| Contact Details | | | | | | | |
| Complete this section if you want correspondence and licence to be sent to a different | | | | | | | |
| person/address to the one given above. | | | | | | | |
| 5. Please give the name of a person who can be contacted about the application: | | | | | | | |
| G | | | | | | | |
| | | | | | | | |
| 6. Please give one or more telephone numbers at which the person identified in question 15 can | | | | | | | |
| be contacted: | | | | | | | |
| Daytime: | | | | | | | |
| Evening: | | | | | | | |
| Mobile: | | | | | | | |
| 7. Postal address for correspondence associated with this application: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Postcode: | | | | | | | |
| | | | | | | | |
| 8. If you are happy for correspondence in relation to your application to be sent via e-mail, | | | | | | | |
| please give the e-mail address below: | | | | | | | |
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| | | | | | | | |

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| Part 2 – Society Details | | | | | | | |
|--|--|--|----------|--|--|--|--|
| 9. Name of | | | | | | | |
| Society/Organisation/Club: | | | | | | | |
| 10. Are you a member of this S | | Prganisation/Club? | YES/NO* | | | | |
| 11. If YES, state your position | within | | | | | | |
| the Society: | | | | | | | |
| [If not, you must supply a letter from the society with this application authorising you to collect on their behalf] | | | | | | | |
| 12. Objects of the Charity: | | | | | | | |
| 13. Please enclose recent literature, accounts etc if available. | | | | | | | |
| Part 3 – Particulars | | | | | | | |
| | | ving locations, on the following dates and | | | | | |
| • | tiple ent | ries may be made, a separate return m | ust be | | | | |
| made for each collection). | DATE | HOURS | | | | | |
| TOWN/PARISH | DATE | HOURS | HOURS | | | | |
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| 15. Is this application to be in connection with a procession/race/carnival etc? YES/NC | | | | | | | |
| [If YES, the applicant should also obtain permission from the Chief Constable | | | | | | | |
| of Devon & Cornwall Constable | ulary] | | | | | | |
| 4C Ave the pulse of the measing | 4-4-6- | and to the observity on two dO | \/FC/NO* | | | | |
| 16. Are the whole of the receip | YES/NO* | | | | | | |
| If NO please state the purpose for which the deductions will be made: | | | | | | | |
| If NO, please state the purpose for which the deductions will be made: | | | | | | | |
| | | | | | | | |
| Please also state approximately how much will be deducted for expenses or other | | | | | | | |
| purposes: | | | | | | | |
| · · | | | | | | | |
| | | CTIONS CAN BE MADE UNLESS DETAI | LS ARE | | | | |
| SPECIFICALLY STATED ON | | | | | | | |
| 17. Are you acting in the capac | YES/NO* | | | | | | |
| commercial participator (as defined by the Charities Act 1992)? | | | | | | | |
| 18. Have you ever been refused a street collection permit by another Authority? YES/NO* | | | | | | | |
| 18. Have you ever been refuse | et collection permit by another Authority? | YES/NO* | | | | | |
| 19 Have you previously been | YES/NO* | | | | | | |
| Authority? | | | | | | | |
| If YES, please indicate the date of the last collection and permit number if known. | | | | | | | |

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| Part 4 – Declaration | on and Che | ecklist (please tick) | | | | | |
|--|--|-------------------------|--------------|--------|--|--|--|
| I confirm that, to | m that, to the best of my knowledge and belief, the information contained in | | | | | | |
| this application | this application is true. | | | | | | |
| I enclose a letter from the society listed in part 2, authorising me to collect on their behalf. | | | | | | | |
| I enclose recen | | | | | | | |
| I am aware that should a street collection permit be granted to me the collection must take place in strict compliance with the street collection regulations, which I have read and fully understand. I am aware that it is also necessary for me to submit to the Council a certified form of statement within 28 days of the collection taking place and that I must also publish a notice in the local press within that time and send a copy to this office as soon as possible. I hereby authorise the Local Authority to make such checks as they consider necessary concerning this application and also to consult with the Police and Charity Commission. (This will require the disclosure of information contained in | | | | | | | |
| this form). | · · · · · · · · · · · · · · · · · · · | | | | | | |
| Part 5 – Signature(s) Signature of applicant: | | | | | | | |
| Signature: | | | | | | | |
| Print Name: | | | | | | | |
| Date: | | | | | | | |
| [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.] | | | | | | | |
| Please provide details of any Street Collection applications you have made to other Authorities: | | | | | | | |
| AREA | | NAME OF LOCAL AUTHORITY | DATE OF COLL | ECTION | | | |
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| * Delete or select a | | 4 - | | | | | |

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Delete or select as appropriate.