



The Licensing Team
Environmental Health & Housing
North Devon Council
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FORM OF ACCOUNT OF EXPENSES, PROCEEDS AND APPLICATION OF PROCEEDS OF COLLECTION MONEY

Form Ref: G/HH2

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 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>) <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>			

Part 2 Collection Details	
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. Licence Number:	<input type="text"/>

ALL AMOUNTS TO BE ENTERED GROSS

If nill return please tick and state reason:

Proceeds of Collection (A)			Expenses and Application of Proceeds (B)		
	£	p		£	p
From Collectors, as in list of collectors and amounts attached hereto			Printing and Stationery		
Bank Interest			Postages		
Other Items (if any):			Advertising		
			Badges		
			Emblems		
			Collecting Boxes		
			Payments approved		
			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.

Name

Address

Date

Signature

Profession/Occupation:

Qualifications: