



**APPLICATION FOR A STREET COLLECTION**

**Police, Factories etc. (Miscellaneous Provisions) Act 1916**

**Local Government Act 1972**

**Please Note:- THIS APPLICATION RELATES TO STREET COLLECTIONS ONLY.  
(Application forms for House to House collections are available from this Authority.)**

Applicants are advised to apply in advance to avoid disappointment. For regular annual collections you are advised to apply by November of the year before the collection.

***“This Authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form within this authority for the prevention and detection of fraud. It may also share this information with other bodies administering public funds solely for these purposes.”***

Title:	<input type="text"/>	Forename(s):	<input type="text"/>
Surname:	<input type="text"/>		
Address:	<input type="text"/>		
Post Code:	<input type="text"/>	Tel No:	<input type="text"/>
Email Address:	<input type="text"/>		
Charity Name:	<input type="text"/>		
Purpose of the collection:	<input type="text"/>		
Please state vehicles or structures to be used	<input type="text"/>		

In which of the following Council area(s) is it proposed to hold the collection?

	Exact Location	Date(s) required
Scunthorpe	<input type="text"/>	<input type="text"/>
Ashby	<input type="text"/>	<input type="text"/>
Brigg	<input type="text"/>	<input type="text"/>
Barton upon Humber	<input type="text"/>	<input type="text"/>
Epworth	<input type="text"/>	<input type="text"/>
Other Village (Please state)	<input type="text"/>	<input type="text"/>

In anticipation that the required date may not be available, please list three alternatives

Number of collectors:

If the collection is to be associated with a special event, please give details:

Has a permit been refused in previous years?

Yes

No

If yes, in which years?

State how the collection will be made (e.g. collection tins)

Has the applicant been convicted of any crime or offence arising out of the promotion of a public charitable collection or any offence involving dishonesty

Yes

No

Give details

Head Office Address:

Post Code:

Charity Number:

Secretary Name:

Address:

Post Code:

Treasurer Name:

Address:

Post Code:

Auditor Name:

Address:

Post Code:

Banker Name:

Address:

Post Code:

**Additional Information**

Please attach the following:

A signed letter of authorisation  
from the Charity

I hereby confirm that I can meet the criteria needed to obtain a licence and that should any matters be omitted that it will impact on my application. It is my responsibility to make sure that all information is complete and correct.

Signature

Name

I certify that to the best of my knowledge and belief that the above particulars are true.

I hereby authorise the details of the aforementioned business, including; the name of licence holder; business name; address; contact telephone number; and licence expiry details being published on a Public Register which will be made available on North Lincolnshire Council's website.

Signature of Applicant:

Date: