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| PUBLIC CHARITABLE COLLECTIONS  APPLICATION FOR A HOUSE TO HOUSE COLLECTION PERMIT | U:\Home\Images\rbchead.png |
| House to House Collections Act 1939 | |
| Please return completed form to:  Licensing, | |

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| 1. Your personal details | | | | | | | |
| NAME IN FULL  (Block letters) |  | | | | | | |
| POSTAL ADDRESS  (Block letters)  POST CODE |  | | | | | | |
| TELEPHONE  MOBILE |  | | | | | | |
| Email address |  | | | | | | |
| OCCUPATION |  | | | | | | |
| DATE OF BIRTH |  | PLACE |  | | | | |
| Do you represent a Company? (Please tick ✓ as appropriate) | | | | YES |  | NO |  |
| If ‘YES’ give name of Company and Registered Number |  | | | | | | |

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| 2. Charity or person to benefit | | | | | | |
| NAME IN FULL  (Block letters) |  | | | | | |
| Is beneficiary a Registered Charity? (Please tick ✓ as appropriate) | | | YES |  | NO |  |
| If ‘YES’ give registration number | |  | | | | |
| Is beneficiary an individual? (Please tick ✓ as appropriate) | | | YES |  | NO |  |
| If ‘YES’ give name and address of individual |  | | | | | |

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| 3. Collection details | | | | | | | | |
| Type of collection you are applying for permission to hold (Please tick ✓ as appropriate) | STREET |  | | HOUSE TO HOUSE | | | |  |
| Collection date |  | | | | | | | |
| Number of collectors |  | | | | | | | |
| Where will the collection be held?  Name streets |  | | | | | | | |
| Between what hours do you wish to collect? |  | | | | | | | |
| Do you wish to collect money? (Please tick ✓ as appropriate) | | | YES | |  | NO |  | |
| Do you wish to collect articles other than money? | | | YES | |  | NO |  | |
| If ‘YES’ give description of articles |  | | | | | | | |
| Do you wish to sell articles? (Please tick ✓ as appropriate) | | | YES | |  | NO |  | |
| If ‘YES’ give description of articles for sale |  | | | | | | | |
| Price of articles |  | | | | | | | |

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| 4. Allocation of proceeds | | | | | | |
| Are you a professional fundraiser? (Please tick ✓ as appropriate) | | YES |  | NO |  | |
| Will the whole of the collection (100%) be applied for the beneficiary? | | YES |  | NO | |  |
| If ‘NO’ state in general terms the amount to be applied out of each £ collected for: | | | | | | |
| Wages/Commission |  | | | | | |
| Fundraising expenses |  | | | | | |
| Beneficiary |  | | | | | |
| Other purposes (please specify) |  | | | | | |

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| 5. Convictions or refusal of licences | | | | |
| Have you or, to your knowledge, anyone connected with this proposed collection, been refused a licence in respect of any collection for charitable, benevolent or philanthropic purposes, or had a licence refused or revoked; or has anyone connected with the proposed collection or organisation making this application been convicted for offences of dishonesty? | | | | |
| (Please tick ✓ as appropriate) | YES |  | NO |  |
| Is there currently, or has there been previously, any inquiry by the Police or Charity Commission into any person, organisation or Charity involved with, or to benefit from, this proposed collection? | | | | |
| (Please tick ✓ as appropriate) | YES |  | NO |  |
| If ‘YES’ applies to either question, please give full details on a separate sheet of paper. | | | | |

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| 6. I have enclosed the following documents Please tick ✓ | Yes |
| This application form |  |
| A copy of any agreement or particulars of any contract with any Registered Charity/individual benefiting from this collection |  |
| A copy of the current published accounts for any Registered Charity and/or any Registered Company undertaking or involved with this collection |  |
| Copies of any literature about organisations or individuals who will benefit |  |

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| 7. Declaration | | | |
| I undertake to provide the City of Worcester, within one month of the collection taking place, a certified statement of income and expenditure using the Council's prescribed form for this purpose. I understand it must be verified by a qualified accountant.  I understand that future applications will not be considered until such time as a certified statement of income and expenditure as above is received by the Worcester City Council.  I hereby authorise the Council to make such checks as they consider necessary to verify the information given above and give my consent to such checks being made with the Police, other Authorities or the Charity Commission for this purpose. I certify that all material facts herein are true. | | | |
| SIGNATURE |  | DATE |  |

Once completed, this form should be returned to:

Licensing

If you have any questions about the form, please telephone 01905 822799 or alternatively you may email us at wrsenquiries@worcsregservices.gov.uk