

Police, Factories etc (Miscellaneous Provisions) Act 1916

Local Government Act 1972

Charitable Collections Transitional Provisions Order 1974



Application for a Permit to make a Street Collection or Sale

1. Organisation Details

Name of Organisation	
Address of Organisation	
Registered Charity No. (If applicable)	
Is your Organisation (a) or (b)? (Please state which)	(a) <input type="checkbox"/> Charitable Organisation (b) <input type="checkbox"/> Professional Fundraiser
Has the Organisation ever been known by any other name? If Yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Collection Details

Please state the areas within the borough and dates when you propose to collect:
(Please check with the Licensing Section to ensure the date(s) is/are available)

Area	Date

The method to be adopted in making the collection, give a brief description.	
Is it proposed to sell articles? If so, give description and price of article.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Details of Applicant

Full Name of Applicant Mr/Mrs/Miss/MS* (*delete as appropriate)	
Address of applicant (inc postcode)	
Telephone No	
Date of birth	
Is the applicant also to be promoter of a collection on behalf of any other organisation? If yes, please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name and address of Hon Secretary (if applicable)	
Name and address of Treasurer (if applicable)	
Name and address of Auditor (if applicable)	

4. Particulars of Charitable Purpose

Please enclose the following with your application:-

- Particulars of any contracts with any charity
- Bank Account No. into which collection will be paid
- Previous years accounts
- Literature about organisation(s) who will benefit

Briefly describe the particulars of charity:
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5. Collectors Details

How many collectors will be authorised to collect?	
Is it proposed to pay the collectors? If the answer is yes, how much will they be paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is it proposed to pay any other persons? If the answer is yes, how much will they be paid?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What proportion of the proceeds of the collection is to be applied to the stated charity? Please give details:	

6. Other applications

Has/Is an application been/being made by you on behalf of this or any other organisation for a collection permit in any other area? (a) If yes, to which Authority? Give details: (b) Who is to be or was the promoter of the collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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7. War Charity

Is the collection for a War Charity ? If yes, please state if such charity has been registered or exempted from registration under the War Charities Act, 1940, and give name of registration authority and date of registration or exemption.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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8. Refusal of Permits

Has the applicant, or to the knowledge of the applicant anyone associated with the collection, been refused a permit in respect of any charitable collection; had a permit or order revoked; or has anyone connected with the organisation any convictions for dishonesty offences?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details
Is there, or has there been to the knowledge of the applicant, any police or charity commission inquiry into any person connected to the organisation or the organisation itself?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details

I hereby confirm that to the best of my knowledge all information supplied in this application is correct.

Signature of Applicant Date.....

Please return completed application forms to:- Licensing Section, Environmental Services Department, Town Hall, Library Street, Wigan, WN1 1YN

For office use only

Date Received

Date Issued

Date Acknowledged
(if applicable)

Date to Police

Notes: