

House to House Collection Application Form

Act 1939



districtnk
100 Flourishing Communities
North Kesteven District Council

Full name of Organisation / Company	
Local Address	
Telephone No.	

Head Office Address	
Telephone No.	
Charity Registration No.	

Organisations with a registered charity number are asked to complete Section 1 only of this form. All other organisations are asked to complete both sections. However, your attention is drawn to the requirement for all organisations to sign the declaration after Section 2 of the form.

SECTION 1 Particulars of Collection

Name			
Address			
Postcode		Telephone No.	
Place of Birth		Date of Birth	
Please give details of charitable purpose, which the collection will be used for.			
In what areas of the District will the collection take place?			
Collection Date(s)			
Is this a cash collection, or other properties? Please specify the nature of the property			
Is it proposed to sell such property, to give it away or use it?			
How many persons will be collecting in the mentioned area(s)?			
If it's proposed to pay the collectors/others out of the collection, how much will it be?			
Have you made the same application to other Local Authorities?	Yes		No
If yes, what Authority and number of collectors			
Have you or anyone in connection to the collection, ever been refused or revoked a licence? If so, please give details			

Will this collection be promoted in conjunction with a street collection?				
If so, will the accounts be fully combined or in part? You will need a separate licence for a street collection				
Is the Collection for a War Charity?	Yes		No	
If yes, has it been registered or exempted from registration under the War Charity Act 1940?	Yes		No	
Name of registration Authority				
Date of registration or exemption				

SECTION 2

Additional details of Organisation & Purpose of Collection

Promoters Name			
Address			
Place of Birth		Date of Birth	

Date of formation of Organisation/Company	
Primary Purpose/aim of Organisation/Company	
Is there a set figure at which collectors will stop?	
Method of raising income Attach relevant information, if possible	
Full details of Charity(s) to be supported	
Proportion/Amount to be allocated to Charity	
Organisation/Company's annual turnover since its formation (or the past 5 years) & the proportion paid to the Charity	

Declaration

I/We hereby make application for a licence. I/We declare that the above information given in this application is true & complete in every respect.
 I/We hereby agree to the Council making enquiries of the Police concerning my/our application.
 I/We understand that disclosures are not limited by the Rehabilitation of Offenders Act 1974, Section 7(2)(c) – ie. I/We consent to any “spent” offences being disclosed to the Council by the Police.

Applicant's Name		Mr		Mrs		Miss	
For and on behalf of				Miss		Other	
Signed		Date					

Please return form to:

Licensing Department
 North Kesteven District Council
 District Council Offices
 Kesteven Street
 Sleaford
 Lincolnshire, NG34 7EF