

# **STREET COLLECTION APPLICATION**

**FOR PERMISSION TO COLLECT MONEY OR SELL ARTICLES IN STREETS OR PUBLIC PLACES WITHIN THE BOROUGH OF GREAT YARMOUTH FOR THE BENEFIT OF CHARITABLE OR OTHER PURPOSES**

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS ENSURING EVERY QUESTION IS COMPLETED:

1. Full name of person responsible for the collection or sale.

\_\_\_\_\_

2. Address of applicant:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Telephone Number – (inc. dialling code): \_\_\_\_\_

4. Date and Place of Birth of applicant: \_\_\_\_\_

5. Name(s) and address(es) of applicants for the permit who will be jointly responsible for the collection or sale. Important note: please include date and place of birth of all applicants and telephone numbers

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please give previous surnames of all applicants, if applicable.

\_\_\_\_\_

7. Name of the Charity or fund which is to benefit from the proceeds.

\_\_\_\_\_

8. Address and telephone number of the administrative centre of the Charity or fund.

\_\_\_\_\_

9. Objects of the Charity or fund: \_\_\_\_\_

10. Date desired to make the collection: \_\_\_\_\_

11. Is the collection to be made by a Company on behalf of the Charity? \_\_\_\_\_

12. If the answer to Question 11 is "yes" please give Company name, address and telephone number.

13. Approximately, how many persons do you wish to authorise as collectors?

14. Is it proposed that remuneration be paid to either collectors or other persons from the proceeds of the collection? If so, please specify.

15. If the answer is "yes" to Question 14, please give details of the amount of money to be paid to collectors or other persons.

16. Is the proposed collection to collect money or sell articles? (please specify nature or articles proposed to be sold.

17. Are you intending to hold a special event or provide an attraction in addition to the collection? If so, please give details. Examples would be; carnival, bed push musical entertainment etc:

18. If the answer is "yes" to question 17, have you obtained permission for the type of event from the relevant parties. *(please refer to list of names on opposite page)*

19. Has the applicant, or to the knowledge of the applicant, anyone associated with the promotion of the collection, been refused a licence or order under the Act, or had a licence or order revoked. If so, please give details.

**20. DISPOSAL OF THE RECEIPTS**

(1) Are the whole of the receipts to be made over for the benefit of the Charity or fund, or will any deduction be made for expenses or otherwise?

(2) If any deduction is made, please state for what purposes these are to be used and give an estimate of the amount to be deducted.

**PLEASE NOTE: ALL FORMS MUST BE COMPLETED IN FULL OR THEY WILL BE RETURNED ADDITIONALLY, COMPLETED FORMS MUST BE RECEIVED AT LEAST 28 DAYS PRIOR TO THE COLLECTION DATE REQUESTED, IF THEY ARE TO BE CONSIDERED**

21. SIGNATURE OF APPLICANT(S) \_\_\_\_\_

\_\_\_\_\_

22. DATE OF APPLICATION \_\_\_\_\_

\_\_\_\_\_

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**SPECIAL EVENTS:**

This application requests the collection of money. Separate permission for certain types of events must also be sought from the following:

**CONTACT NAME**

Norfolk Constabulary  
Howard Street North,  
Great Yarmouth

Use of highways, streets  
and roads for Carnivals, Bed  
Pushes

Tel: 01493 336200

Mr. M. Dixon,  
Department of Planning and Transportation  
Gas House Hill,  
Aylesham  
NR11 6HY

Use of Tables, Stalls and  
other items on or around  
Market Place, Gt. Yarmouth

Telephone: 01263 738300

Mr. J. Newman  
The Town Centre Manager,  
Unit 5, Wilkinson Yard,  
Market Gates,  
Great Yarmouth

Any event or item to be  
used or displayed on the  
Market Place, Gt. Yarmouth

Telephone: 01493 745828

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**Please return completed application form to:**

Licensing Section,  
Legal and Member Services,  
Town Hall,  
Hall Plain,  
Great Yarmouth  
NR30 2QF

Telephone: 01493 846327