

Please complete all sections in block capitals

Full name of organisation applying for permit:		
Address		
Post Code:	Phone:	
Particulars of charitable purposes to which proceeds of collection are to be applied including charity registration number (if applicable). <i>Please attach any supporting documentation and/or letters of authority</i>		
Full Name of Promoter: Mr/Mrs/Ms/Other		
Address: (If different from organisation)		
Post Code:	Phone:	
Office held by Promoter within Organisation:		
Venue/s and date/s for Street Collection * Please delete if venue not applicable		
<u>VENUE</u>	<u>DATE (1st Choice)</u>	<u>DATE (2nd Choice)</u>
* BROADWAY
* DROITWICH
* EVESHAM
* PERSHORE

<p>Is it proposed that remuneration should be paid out of the proceeds of the collection:-</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 0 20px;">To collectors?</td> <td style="padding: 0 20px;">Yes/ No</td> </tr> <tr> <td style="padding: 0 20px;">To other persons?</td> <td style="padding: 0 20px;">Yes/No</td> </tr> </table>	To collectors?	Yes/ No	To other persons?	Yes/No
To collectors?	Yes/ No			
To other persons?	Yes/No			
<p>Has the applicant or anyone associated with the promotion ever been refused a permit or had a permit revoked? Yes/No</p> <p>If yes, give details:</p> 				

PROMOTER'S SIGNATURE: **DATED:**

RETURN TO: Worcestershire Regulatory Services (Licensing)
 Wychavon District Council
 Civic Centre
 Queen Elizabeth Drive
 Pershore
 Worcs., WR10 1PT

We will allocate dates on a first come, first served basis.

This Council 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 Council for the prevention and detection of fraud. It may also share this information with other bodies administering public funds, solely for these purposes.