

House to House Collections Regulations 1947  
**APPLICATION FORM**

Environmental Services  
**Licensing Unit**  
 Phone: (01386) 565016  
 Web: [www.wychavon.gov.uk](http://www.wychavon.gov.uk)  
 Email: [environmentalhealth@wychavon.gov.uk](mailto:environmentalhealth@wychavon.gov.uk)



\*Please delete as appropriate

ALL SECTIONS TO BE COMPLETED IN BLOCK CAPITALS

<b>1 ORGANISATION DETAILS</b>	
Name	
Address	
Daytime Telephone Number	
Reg/Charity No	
*Charitable Organisation/Professional Fundraiser	<b>*YES/NO</b>
Has the organisation ever been known by another name?	<b>*YES/NO</b>
If YES give details	

<b>2 COLLECTION DETAILS</b>	
Where do you intend to hold the collection?	
What is the date(s) of the proposed collection?	
Is it proposed to collect money?	<b>*YES/NO</b>
Is it proposed to collect property?	<b>*YES/NO</b>
If YES are they to be	<b>*SOLD / USED / GIVEN AWAY</b>
Is the collection for War Charity?	<b>*YES/NO</b>
If YES has the charity been *registered/exempted from registration under the War Charities Act 1940	
Give the name of the registration authority	
Give the date of the registration or exemption	
Is the collection for a charity for disabled persons as defined in section 41 of the National Assistance Act 1948?	<b>*YES/NO</b>
Do you also wish to apply for a Street Collection permit?	<b>*YES/NO</b>
If YES do you intend to: *Combine the accounts of the two collections/Submit separate accounts	
<b>NB. A separate Street Collection Application needs to be submitted</b>	

<b>3 APPLICANT'S DETAILS</b>	
Surname	Other Name(s)
Mr/Mrs/Miss/Other	
Home Address	
Postcode	
Date of Birth	Daytime Telephone Number
Are you also to be the promoter of a collection on behalf of any other organisation?	
<b>*YES/NO</b>	
If YES please give details	
Are you or any person involved in the collection a professional fundraiser	
<b>*YES/NO</b>	

<b>4 COLLECTORS' DETAILS</b>	
How many collectors will be authorised to collect?	
What proportion of the proceeds of the collection is to be applied to the stated charity? If less than 100% give full details of how the remainder is to be applied.	
Will collectors be paid	<b>*YES/NO</b>
If YES, give details:	
Will collectors receive expenses?	<b>*YES/NO</b>
If YES, give details:	

## **5 APPLICATION TO OTHER LOCAL AUTHORITIES**

Is an application being made by you on behalf of this or any other organisation for a collecting permit in any other area? **\*YES/NO**

If YES a) to what authority?

b) who is to be the promoter of the collection?

## **6 REFUSAL OF PERMITS OR OFFENCES**

Has the applicant or to the knowledge of the applicant, anyone associated with the collection, been refused a licence in respect of any charitable collection, had a permit or order revoked, or has anyone connected with the organisation any conviction for dishonesty offences? **\*YES/NO**

Is there or has there been any Police or Charity Commission inquiry into any person connected to the organisation or the organisation itself? **\*YES/NO**

If YES to either of the above two questions please give details:

## **7 CERTIFICATION OF ACCOUNTS**

Give the name, home or business address and designation of any person who will certify the statements of accounts

If that person is an accountant please give qualifications

## **11 DECLARATION**

If a licence is granted I/we undertake to comply with the legislation, Council policies and all the regulations attached to the grant of such a licence. I/we understand that to make a false statement, knowingly or recklessly, or omit any information from this application is an offence and may result in prosecution and/or revocation of the respective licence.

I/we declare that to the best of my/our knowledge and belief, the information provided on this form is true and correct.

I/we authorise Wychavon District Council to duplicate to other parties any documentation attached to this application or any documentation received relating to any fund raising activity on behalf of this or any other organisation which the applicant is connected to.

Signed: .....

Date: .....

NOTE: We may hold the information you have given in this form on computer and use it for other local authority purposes. The information is stored and used under the Data Protection Act 1984 and so we may use the information you have provided on this form to prevent and detect fraud. We may also share this information, for the same purposes, with other organisations that handle public funds.

**THIS APPLICATION SHOULD BE RETURNED TO:**

**Licensing Unit Commercial Team  
Environmental Services  
Wychavon District Council  
Civic Centre, Queen Elizabeth Drive  
Persnore, Worcs WR10 1PT**

**The following must be enclosed:**

- Particulars of any contract with any professional fundraising collectors
- Particulars of any contract with any charity which is to benefit from the collection
- List of Trustees
- Latest audited accounts
- Literature on organisation(s) who will benefit


**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

***FOR OFFICIAL USE***

Date Received	Checked	
	Initials	Date