High Peak Borough Council



www.highpeak.gov.uk

STREET COLLECTIONS: APPLICATION FORM

1	Name of Socie or body of pers for the collection	sons responsible		
2	Contact Name	:		
	Telephone No	:		
3	Address:			
4		umber of collector ty will be given:	rs to whom	
5	Name of charity or fund for which the collection is being made (Note: this name must be displayed on collecting boxes, etc.)			
6	Address of the Secretary:	Address of the administration centre of the charity or fund and name of the Secretary:		
8	and two alternation. If you	ative dates (if pos	ou wish to collect in. Give your preferred date sible). You can apply for more than one preferred and alternative dates. You will be e possible:	
	• Location 1	Preferred date ar	nd time	
		Alternative date a	and time	
		Alternative date a	and time	
	Location 2	Preferred date ar	nd time	
		Alternative date a	and time	
		Alternative date a	and time	

	Signature: Date:			
11	Are the whole of the receipts to be paid over for the benefit of the charity or fund, or will any deduction be made for the expenses or any other purposes? If any deduction is made, state for what purposes and give an estimate of the sum which will be deducted.			
10	Has the permit for a collection for a similar objective been refused? If so, state by whom.			
9	e method to be used in king the collection, i.e. lecting boxes			
	Alternative date and time			
	Alternative date and time			
	Location 3 Preferred date and time			

This Authority 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 for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing or administering public funds for these purposes.

Contact: 01298 28400 (ask for Licensing) for more information or e-mail LA2003@highpeak.gov.uk