APPENDIX D

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Slough Borough Council

Taking pride in our communities and town

House to House Collections Act 1939, House to House Collections Regulations 1947 and the Charities Act 1992

Application for permission to hold a House to House public charitable collection

Section A: Applicant details	
Title (Mr/Mrs/Ms etc):	
Full Name:	
Home Address:	
Email Address:	
Contact Telephone Number:	
Date of Birth:	
Place of Birth:	
Section B: Collecting organisation details	
Company Name:	Charity name:
Company Address (head office):	Charity address (head office):
Registered company number:	Registered charity number:
Legal Status (Sole trader/partnership/limited company/charity etc):	
Your position in the business:	
Section C: Details of organisation to benefit from the collection	
Organisation name:	Organisation address:
Registered company number:	Registered charity number:
Legal Status (Sole trader/partnership/limited company/charity etc):	
Organisation contact name:	
Email address:	Telephone number:
Section D: Supporting information	
Have all documents detailed in point 8.2 of the policy been submitted with this application?	Yes ☐ No ☐
If Yes please tick all that apply. Literature about the organisation A copy of the published accounts	 ☐ ☐

Authorisation letter	☐
A copy of any agreement or contract	☐
Section E: Definition of Charity. Please tick all that apply.	
Charitable Company	☐
Charitable Incorporated Organisation	☐
Charities Incorporated by Royal Charter	☐
Common Deposit Funds	☐
Common Investment Funds	☐
Community Trusts or Community Foundation	☐
Companies limited by guarantee	☐
Excepted charity	☐
Exempt charity	☐
Non-company charities	☐
Trusts	☐
Unincorporated associations	☐
Section F: Purpose of collection. Please tick all that apply.	
the prevention or relief of poverty	☐
the advancement of education	☐
the advancement of religion	☐
the advancement of health or the saving of lives	☐
the advancement of citizenship or community development	☐
the advancement of the arts, culture, heritage or science	☐
the advancement of amateur sport	☐
the advancement of human rights, conflict resolution or reconciliation or the promotion of religious or racial harmony or equality and diversity	☐
the advancement of environmental protection or improvement	☐
the relief of those in need, by reason of	☐

youth, age, ill-health, disability, financial hardship or other disadvantage	
the advancement of animal welfare	☐
the promotion of the efficiency of the armed forces of the Crown or of the police, fire and rescue services or ambulance services	☐
other purposes currently recognised as charitable and any new charitable purposes which are similar to another charitable purpose.	☐

Please provide further information supporting each purpose ticked above and how the collection proceeds will be used for the benefit of Slough's community. Continue on a separate sheet if required:

Please note, no payments shall be made to any collector and no payment shall be made out of the proceeds of a collection either directly or indirectly to any other person connected with the promotion of a collection, unless approved by the Licensing Authority.

Section E: House-to-House collection

Preferred dates for the collection:	
How many people do you propose to authorise as collectors (maximum 15 collectors)? ☐	**Please provide name, address & date of birth for all authorised collectors on a separate sheet**

Please provide samples of collector identification i.e. badge, certificate of authority etc

Section F: Type of collection. Please tick all that apply

Cash	☐
Goods (for re-sale)	☐ please provide a sample of your collection leaflet
Goods (for sale)	☐ please provide details on a separate sheet
Goods (give away)	☐
Goods (use)	☐
Other	☐ please provide details on a separate sheet

Section G: Method of collection. Please tick all that apply

Sealed box	☐
Envelope	☐
Collection bag	☐ please provide a sample of your collection bag
Other	☐ please provide details on a separate sheet

Section H: Disposal of collection proceeds. Please tick all that apply.		
Out of the collection proceeds do you propose to pay: The organiser Collectors Expenses Other	☐ ☐ ☐ ☐	
Please provide details of all the payments you propose to make out of the proceeds of the collection. Continue on a separate sheet if required.	**Payment type:**	**Amount to be paid:**

Section I: Other applications. Please tick all that apply.	
Have you, or anybody associated with the collection, previously applied for permission to hold a charitable collection with this or any other local authority? No Yes – application granted Yes – granted and revoked or suspended Yes – application refused	☐ ☐ ☐ please provide details on a separate sheet ☐ please prove details on a separate sheet

Section J: Convictions; subject to the Rehabilitation of Offenders Act 1974.	
Have you, or anyone connected with the collection, been convicted of any criminal offence? Yes No	☐ all relevant unspent convictions must be declared below ☐
Date of conviction:	
Court:	
Offence:	
Penalty:	
Please continue on a separate sheet if required.	

Section K: Bank account details	
Please provide details of the bank account into which the collection proceeds will be paid:	
Bank account name:	
Bank account number:	
Bank sort code:	

Please note the following:

- You may be requested to supply other information:
  - Particulars of any contract you may have with the organisation that is to benefit from the collection.
  - The most recent accounts of the organisation that is to benefit.
  - Literature about the organisation that is to benefit.
- If the collection is taking place on private property you also need the written permission of the landowner and will need to submit this with the application.

Section L: Applicant declaration and signature

- I have read fully and understood the contents of this form and any supporting information and agree to the terms and/or conditions set out within;
- I understand that by submitting this application, I consent to Slough Borough Council passing on the data within this application and its supporting documents to any authority or person that will assist its determination of this application, or as required by law;
- I declare that the information provided is true to the best of my knowledge and belief;
- I understand that if any false information is provided I may be guilty of an offence and liable to prosecution;
- I understand that if the application is authorised I must inform the authority about any changes to circumstances that mean I no longer meet the conditions for the authorisation;

Applicant Signature: .....

Print Name: .....

Date: .....

Completed applications should be sent to:

Licensing
Slough Borough Council
Landmark Place
Slough
SL1 1JL

If you need further information, please contact the Licensing Department on:

Telephone No: 01753 875664 e-mail: licensing@slough.gov.uk