



POLICE, FACTORIES ETC. (MISCELLANEOUS PROVISIONS) ACT 1916
APPLICATION FOR PERMIT TO MAKE A STREET COLLECTION OR SALE

APPLICATIONS MUST BE SUBMITTED TO THE LICENSING UNIT NO LATER THAN ONE MONTH PRIOR TO THE DATE OF THE PROPOSED COLLECTION

FAILURE TO SUBMIT IN TIME WILL RESULT IN YOUR APPLICATION BEING REFUSED

1) Name of charity or fund	
2) Objectives of the charity or fund	
3) Address & telephone number of the Administrative Centre of the fund and the name of the secretary	
4) Is the charity or fund registered with the Charities Commissioners? If "Yes" please provide the registration number	Yes <input type="checkbox"/> No <input type="checkbox"/>
5) Name and Address of the person, society, committee or other bodies of persons responsible for the collection or sale	
6) Name(s) and Address(es) of the applicant(s) for the permit who will be (jointly) responsible for the collection or sale	

7) Details of the proposed collection

Date of collection: Number of Collectors:

Hours during which collection will be made:

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Area of Collection – If you intend to seek permission to collect in any of the following areas please tick the appropriate box

Town Hall Square

Gallowtree Gate

Clock Tower/Humberstone Gate West

Dolphin Square

Beaumont Leys Shopping Area

Areas outside the City Centre (please specify below)

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8) Will the money collected be of specific benefit to the people living in the Leicester area? If so, give details

9) If the charity or sale is for a War Charity, state if such a charity has been registered under the War Charities Act, 1940 and give the name of the Registration Authority and the date of Registration

10) Has a permit for a collection or sale for a similar purpose been refused? If so state the name of the Authority concerned

11) Are the whole of the receipts to be paid over for the benefits of the charity or fund, or will any deduction be made for expenses, or other purposes? If any deduction is to be made, state for what purpose and give an estimate of the sum which will be deducted

12) Name and address of the Bank/Building Society branch at which the monies collected will be collected

13) Name, address and position of an independent person responsible for certifying return (other than the applicant)	
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Signature of applicant:

Daytime telephone number:

Email address:

Date of application:

When completed this form must be sent to the Licensing section:

Email: licensing@leicester.gov.uk

Post: Licensing Section
Leicester City Council
City Hall
115 Charles Street
Leicester
LE1 1FZ

Deliver in person:
Customer Service Centre
91 Granby Street
Leicester
LE1 6FB

For further advice telephone (0116) 454 3040

NOTE

Any personal data that you provide will be processed in accordance with current data protection laws. It will be used by Leicester City Council and our partners to deliver and improve services and fulfil our legal duties. We will not disclose any personal information to anyone else unless required or allowed to do so by law. Read more about how we use personal data in our Privacy Notice on our website www.leicester.gov.uk