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| ` | **LICENSING DEPARTMENT****TOWN HALL DARLINGTON DL1 5QT****01325 405888** |

**APPLICATION FOR A HOUSE TO HOUSE COLLECTION LICENCE**

**PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS**

**In pursuance of Section 2 of the House to House Collections Act 1939, I hereby apply for a licence authorising me to promote the collection, of which particulars are given below.**

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| **Section 1 - Organisation Details** |
| **1.** | Name  |  |
| **2.** | Address | Post Code |
| **3.** | Telephone Number |  |
| **4.** | Registered Charity Number |  |
| **5.** | Has Organisation ever been known by any other name | **Yes/No****If Yes please give details** |
| **6** | Briefly describe the aims of the organisation |  |
| Section 2 - Personal Details |
| **1.** | Title | Mr□ Mrs□ Miss□ Ms□ Other |
| **2.** | Surname |  |
| **3.** | Home Address | Post Code |
| **4.** | Day time telephone Number |  |
| **5.** | Date of Birth |  |
| **6.** | Are you also to be the promoter of a collection on behalf of any other organisation? | **Yes/No****If Yes please give details** |
| Section 3 -Collection Details |
| **1.** | Where do you intend to hold the collection? |  |
| **2.** | What is the date(s) of the proposed collection? |  |
| **3.** | Do you propose to collect money? | Yes/No |
| **4.** | Do you also wish to apply for a Street Collection Permit? | Yes/No**If Yes do you intend to:-****1. Combine the accounts of the two collections** **2. Submit separate accounts.** **NB A separate Street Collection Application needs to be submitted** |
| **Section 4 - Collectors Details** |
| **1.** | How many collectors will be authorised to collect?  |  |
| **2.** | What percentage of the money collected will be donated to the charity detailed in Section 1 above? | \_\_\_\_\_\_\_ **%****If less than 100% for what purpose is the remainder to be used?** |
| **3.** | Will any of the collectors be professional fund raisers? | **Yes/No****If yes please enclose a copy of the contract between the organisation and the collector**. |
| Section 5 - General |
| **1.** | Have you made an application on behalf of this or any other organisation for a collecting permit in any other area? | **Yes/No****If Yes please give the following details**:-**Date**:**To which Authority?** |
| **2.** | If above Yes who is to be the promoter of the collection and what is the name of the organisation | **Name of promoter**Name of Organisation |
| **3.** | Has an application in respect of the charity been made to Durham Constabulary in the last 12 months? | **Yes/No****If Yes please give full details** |
| **4.** | Have you anyone associated with the charity ever been refused a licence in respect of any charitable collection or had a permit or order revoked?. | **Yes/No****If Yes please give full details** |
| **5.** | Have you or anyone connected with the organisation ever been convicted or cautioned for any offences which are not spent involving dishonesty? | **Yes/No****If Yes please give details** |
| **6.** | Is there currently or has there been any Police or Charity Commission inquiry into anyone connected with the organisation or the organisation itself? | **Yes/No****If Yes please give details** |

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| Section 6 - Certification of Accounts |
| **1.** | Name |  |
| **2.** | Address | Post Code |

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| **3.** | Designation |  |
| **4.** | Is the person named above an accountant? | **Yes/No****If Yes please give details of his/her qualifications**. |
| **Section 7 - Declaration** |
| If a licence is granted I/we undertake to comply with the legislation, Council policies and all conditions attached to the grant of the 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 Darlington Borough 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: Dated: |

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. We must protect the public funds we handle and so we 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:-** The Licensing Section, Darlington Borough Council, Town Hall, Darlington DL1 5QT **AND MUST BE ACCOMPANIED BY**

1. Particulars of any contracts with any charity that is to benefit from this collection.
2. A list of trustees.
3. The accounts from the previous year.

4. Literature about the organisation who will benefit from the collection.

**INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED**

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| **FOR OFFICIAL USE ONLY** |
| **APPLICATION RETURN DATE** | **CHECKED (INTLS/DATE)** |