Date Issued:

APPLICATION TO MAKE A CHARITABLE APPEAL

POLICE, FACTORIES ETC (MISCELLANEOUS PROVISIONS) ACT 1916
HOUSE TO HOUSE COLLECTIONS ACT 1939

RETURN THIS FORM NO LATER THAN 28 DAYS BEFORE THE PROPOSED COLLECTION DATE

Use **BLOCK CAPITALS.** You must answer **EVERY** question.
If ANY questions are left unanswered, it may not be possible to grant the application.
Please ensure that the completed forms are submitted **AT LEAST 28 DAYS** before your proposed collection

Do you wish to collect in the street?	☐	if YES, you must complete Parts A, B and D
Do you wish to collect from house to house?	☐	if YES, you must complete Parts A, C and D
Do you wish to collect in the street and from house to house?	☐	if YES, you must complete Parts A, B, C and D

PART A

A1 Full name of charity, organisation, fund or individual to benefit

A2 Full name of applicant Title

Date of birth

A3 Full home address of applicant

Postcode	Telephone
Mobile	e-mail

A4 Are you applying on behalf of a registered charity? YES ☐ NO ☐

If YES, quote the registration number

A5 Full address of charity, organisation, fund or individual to benefit

Contact name

Address

Postcode	Telephone

A6 Do you have written permission from the charity to collect on their behalf? YES ☐ NO ☐

Provide evidence

A7 Provide full particulars of the charitable purposes to which the proceeds of the appeal are to be applied

Flare Ref.

A8 Are you applying as, or on behalf of, a professional fundraiser or commercial participator (as defined by the Charities Act 1992)? YES ☐ NO ☐

A9 If YES, give full details as follows:

Full name of company

Company registered number | VAT reference

Contact name

Company registered address

Postcode | Telephone

A10 Do you propose to collect money? YES ☐ NO ☐

A11 Do you propose to sell articles? YES ☐ NO ☐

If YES, provide full details

A12 Do you propose to collect other items? YES ☐ NO ☐

If YES, provide full details

A13 Is it proposed to make payments out of the proceeds of the appeal: YES ☐ NO ☐

to collectors? YES ☐ NO ☐

to any other persons? YES ☐ NO ☐

If YES, provide **FULL** details (including to whom and at what rates)

A14 Is it proposed to make any deduction from the proceeds for expenses or other purposes? YES ☐ NO ☐

If YES, provide **FULL** details

A15 How many people do you propose to authorise as collectors in Rhondda Cynon Tâf? ☐

A16 Are you applying to other areas for the same purpose? YES ☐ NO ☐

If YES, provide full details

A17 Have you, or the charity, organisation, fund or individual to benefit, previously held a Street Collection Permit or House to House Collection Licence with this Authority? YES ☐ NO ☐

If YES, provide full details (including Permit number, charitable fund, dates)

A18 Have you, or the charity, organisation, fund or individual to benefit, previously held a Street Collection Permit or House to House Collection Licence with any other Authority? YES ☐ NO ☐

If YES, provide full details (including name of Authority, Permit number, charitable fund, dates)

A19 Have you, or to the best of your knowledge, anyone associated with the promotion of the appeal, been refused a House to House Collections Licence or a Street Collection Permit, or had such licence/permit revoked? YES ☐ NO ☐

If YES, provide full details

A20 Has the charity, organisation, fund or individual to benefit been refused a House to House Collections Licence or a Street Collection Permit, or had such Licence/permit revoked? YES ☐ NO ☐

If YES, provide full details

A21 Have you or anyone associated with the appeal been convicted by a Court for any offence which is not spent under the terms of the Rehabilitation of Offenders Act 1974 YES ☐ NO ☐

If YES, provide full details

A22 All money collected/received from the appeal will be paid into the following account:

Account name	Account no.
Bank Name	Sort code - -
Bank address	
Postcode	Telephone

Provide evidence of deposit when submitting the Return form

PART B

STREET COLLECTION

POLICE, FACTORIES ETC (MISCELLANEOUS PROVISIONS) ACT 1916

B1 Name each place where you propose to appeal, together with the date and times of the collection

Date	Place	Times	
		Start	Finish

B2 Will the appeal form part of a carnival or other procession? YES ☐ NO ☐

If YES, provide full details of the route

PART C

HOUSE TO HOUSE COLLECTION

HOUSE TO HOUSE COLLECTIONS ACT 1939

C1 Name each place where you propose to appeal, and on what dates

Date	Place

C2 Do you intend to collect clothing, bric-a-brac etc? YES ☐ NO ☐

If YES, how do you intend to use such items?

sell in shop ☐ recycle yourself ☐ sell for recycling ☐ other ☐

Provide full details of such use

C3 If the collected items are to be sold for recycling,

(a) how much will you receive from the recycling firm?

(b) how much will be donated to the charitable fund?

C4 Do you intend to use envelopes to collect? YES ☐ NO ☐

PART D

DECLARATION

I HEREBY APPLY FOR A PERMIT/LICENCE AUTHORISING ME TO CONDUCT AN APPEAL IN THE STREET AND/OR FROM HOUSE TO HOUSE, THE PARTICULARS OF WHICH ARE AFOREMENTIONED, AND WHICH ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I ALSO CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE COLLECTORS TO BE EMPLOYED ARE AGED 16 YEARS OR OVER AND ARE FIT AND PROPER PERSONS FOR THE PURPOSES OF THE COLLECTION SPECIFIED.

I UNDERTAKE TO PROVIDE THE RHONDDA CYNON TÂF COUNTY BOROUGH COUNCIL, WITHIN ONE MONTH OF THE DATE OF THE COLLECTION, A CERTIFIED STATEMENT OF INCOME AND EXPENDITURE USING THE AUTHORITY'S PRESCRIBED FORM FOR THIS PURPOSE, A COPY OF WHICH WILL BE PROVIDED AT THE SAME TIME AS ISSUE OF ANY PERMIT/LICENCE.

I HAVE READ THE REGULATIONS IN RELATION TO SUCH APPEALS AND I UNDERTAKE FULL RESPONSIBILITY FOR THE CONTROL OF THE APPEAL OR SALE BEING CARRIED OUT IN STRICT COMPLIANCE WITH THOSE REGULATIONS.

I HEREBY AUTHORISE THE RHONDDA CYNON TÂF COUNTY BOROUGH COUNCIL TO MAKE SUCH CHECKS AS THEY CONSIDER PRUDENT CONCERNING THIS APPLICATION AND ALSO TO CONSULT THE POLICE, THE CHARITY COMMISSION, AND OTHER PUBLIC AGENCIES, AS FELT NECESSARY, AND IN PURSUANCE OF SUCH ENQUIRIES ARE AUTHORISED TO DISCLOSE ANY INFORMATION GIVEN HEREIN.

I UNDERSTAND THAT SUBMISSION AND/OR RECEIPT OF THIS APPLICATION FORM DOES NOT AUTHORISE ME TO UNDERTAKE A STREET COLLECTION OR A HOUSE TO HOUSE COLLECTION AND I CONFIRM THAT I WILL NOT DO SO UNTIL HAVING RECEIVED FORMAL AUTHORISATION FROM RHONDDA CYNON TÂF COUNTY BOROUGH COUNCIL.

Signed _____ Date _____

Name in BLOCK capitals

There is no fee payable for this application. Please return to

LICENSING

RHONDDA CYNON TÂF COUNTY BOROUGH COUNCIL,
TY ELAI, DINAS ISAF EAST,
WILLIAMSTOWN, TONYPANDY CF40 1NY
Tel 01443 425001 Fax 01443 425301
licensing.section@rctcbc.gov.uk

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THE PROPOSED COLLECTION DATE