UNIFORM REF:

Licensing Section

Civic Offices, Guildhall Square, Portsmouth, PO1 2AL

Tel: 023 9283 4073

Email:

Fax & Answerphone: 023 9283 4811 Email: licensing@portsmouthcc.gov.uk



Opening Hours - Mon-Thurs 8.30am-5.00pm Fri 8.30am-4.00pm

APPLICATION FOR A STREET COLLECTION PERMIT

statement and know it is a serious offence to give false or misleading information in support of my application. Signature of applicant Date **ABOUT YOURSELF** Title: First Name(s): Surname: Birth Date: Age: Home Address Number: Street: District: Town: County: Postcode: Telephone: Mobile:

I wish to apply for and promote a street collection in Portsmouth. I have personally completed the application below and have been honest in giving this information. I have not made any false

CHARITABLE OR OTHER ORGANISATION DETAILS

Address Number: Street: District: Town: County: Postcode: Telephone/Fax: Email:
District: Town: County: Postcode: Telephone/Fax: Email:
Town: County: Postcode: Telephone/Fax: Email:
County: Postcode: Telephone/Fax: Email:
Telephone/Fax: Email:
Email:
Charity/Organisation to benefit – please mark with endorsement stamp in this box and date please. Date: Is your organisation a registered charity? <i>Tick appropriate box</i> .
YES Reg No: NO
Has the applicant, charity or organisation ever been refused a street collection permit? <i>Tick</i> appropriate box.
YES NO If YES please tell us:
Name of local authority refusing:
Date: Reason for refusal:
Has the applicant, charity or organisation any affiliation or links with any other charity or fundraising organisation? <i>Tick appropriate box</i> . YES NO If YES please tell us:
Name of other organisation:

	_								
Are there any criminal convictions or pending prosecutions recorded against the applicant or officers of the charitable or other organisations? <i>Tick appropriate box</i> .									
YES NO									
If YES, please tell	us:								
Date of convictio	Offence			Sentence (if applicable)					
								_	
COLLECTION D	DETAILS								
Please provide us with preferred* collecting date with two alternatives:									
DAY	DATE	MONTH		YEAR	TIME	FROM	TIME TO		
1*									
3									
3									
Please tell us in which areas you wish to collect?									
Will proceeds be u	used for: <i>Tick</i>	approp	riate box. Loc	cal funds	Nat	ional fund	s		
FOR OFFICE USI	E								
Date received Approve			oved	<u>Da</u>			te Permit Issued		
		Y/N							
Portsmouth City C									
	personal details provided by you will be used for licensing service purposes. Your details will be held on a database and where the law allows, may be shared with other departments within the council to update								
details they hold about you. The council may also be required to disclose personal information to third									

CONVICTIONS

parties (such as Police, Department for Work and Pensions or for the National Fraud Initiative) for the purposes of preventing or detecting crime or apprehending or prosecuting offenders.

For further information about how the Council collects and uses personal information please visit our website: https://www.portsmouth.gov.uk/ext/the-council/data-protection-privacy-notice