

PLEASE NOTE THAT THIS WEB VERSION OF THE FORM MUST BE PRINTED OFF AND SENT BACK BY POST, AS IT REQUIRES A SIGNATURE.

APPLICATION FOR A STREET COLLECTION
St Albans & District

Organisation:

Name & Address
of Organiser:

.....

.....

Daytime Tel No.

Fax/E.Mail:

Address to which permit should be sent, if different from above:

.....

.....

When making your application, please take the following important points into consideration:

1. We cannot guarantee that it will be possible to allocate your preferred date, so please give a choice of dates if possible. Only **one** date per area per organization per year is allowed and the minimum notice required for a collection date is **ONE MONTH**.
2. The **Whole District** includes St Albans, Marshalswick, Harpenden, Wheathampstead, Redbourn, London Colney, Colney Heath, Sandridge, Park Street, Chiswell Green and Bricket Wood. Charities are permitted to split collection(s) within the District enabling them to collect in different areas on different dates.
3. Please note that if you wish to collect at a local supermarket, you must obtain permission from the supermarket manager **before** applying to the Council for a collection licence,
4. If you intend to use amplified music during the course of your street collection, please give details as permission for this is only given in exceptional circumstances.
5. **Applications for Christmas collections will not be accepted before 1st September OF THE SAME YEAR.**

Continued overleaf.....

STREET COLLECTION REQUEST

LOCALITY OF COLLECTION/S	PREFERRED DATE/S OF COLLECTION/S (in order of preference)	AREA/S
WHOLE DISTRICT (do you want to make one collection across the whole District) OR ,		
St Albans City Centre		
Marshalswick		
Harpenden		
Redbourn		
Wheathampstead		
*Supermarkets/Other *Only with permission & confirmed dates already granted by supermarket manager (Please specify where)		

CHARITY STALL REQUEST

Use of the **Charity Stall** on St Albans Market is available on Saturdays and Wednesdays. (On Wednesdays organisations must supply their own table.) The location for a Wednesday stall will be either between O₂ and Clinton Cards or adjacent to the Tourist Information Centre. The Market Supervisor will advise you of which on the morning of your collection.

Please indicate whether a stall is required: **YES/NO***

*** If you require a Charity Stall ONLY and no Street Collection, please complete the Charity Stall Application Form ONLY. If NO indication is given above, the Stall may be allocated to another Charity on the day of your Street Collection.**

- NB:**
1. A limited range of goods only (i.e bric-a-brac and/or charity merchandise – NO perishables) may be sold by prior arrangement and a nominal charge (currently £8) is payable to Market Supervisors on the day.
 2. The presence of animals on the market is discouraged. If you have a special reason for wanting animals on your market stall, please let me know so that a stall can be allocated away from food traders: **I WILL BE BRINGING ANIMALS: YES / NO**

Continued on next page →

THE FIRST SCHEDULE

Form of Statement

1.	Name of Society, Committee or other body of persons responsible for the collection:	
2.	Address and telephone number:	
3.	Names and addresses of the applicant/s for the permit, who will be jointly responsible for the collection:	
4.	Name of the Charity or Fund which is to benefit:	
5.	Registered Charity Number:	
6.	Address of the Administrative Centre of the Charity or Fund and name of the Secretary:	
7.	Objects of the Charity or Fund:	
8.	Is this application for a Street Collection being made in conjunction with one for a House-to-House Collection? If so, is it desired that the accounts of this collection should be combined wholly or in part with the accounts of the House-to-House collection?	
9.	The method to be adopted in making the collection:	

Continued overleaf.....

10.	<u>Disposal of the Receipts</u>	
	a) Are the whole proceeds to be paid over for the benefit of the Charity or Fund?	YES / NO
	b) Will any deductions be made for expenses or any other purposes?	YES / NO
	c) If any deduction is to be made, state for what purpose and give the estimated sum (or %) which will be deducted.	
11.	Has the Charity ever been refused a licence by another Authority?	YES / NO (If YES , which Authority/Authorities?)
12.	a) Has the Charity had any criminal convictions against it?	YES / NO (If YES , what for and when? Please give Police contact)
	b) Is the Charity presently involved in any prosecutions/criminal cases?	YES / NO (If YES , please give details)
	c) Does the Charity Commission now (or has it ever had) an open case relating to the Charity?	YES / NO (If YES , please give details)

I/We declare that, to the best of my/our knowledge and belief, the foregoing information is correct. If a Permit is granted, I/we hereby undertake to comply strictly with the Council's Street Collection Regulations.

Date: Signed:.....

.....

- Please return this application form to Mrs Lesley Young, Corporate Services, St Albans City and District Council, District Council Offices, St Peter's Street, St Albans, Hertfordshire AL1 3JE.
- This form **MUST** be returned within 2 weeks of the dispatch date or any provisional collection date will be cancelled.
- For more information please call Mrs Sue Lovell on 01727-819254 or e-mail s.lovell@stalbans.gov.uk

THANK YOU – I HOPE YOU HAVE A VERY SUCCESSFUL COLLECTION DAY