

Sefton Metropolitan Borough Council

APPLICATION FOR A PERMIT TO PROMOTE A STREET COLLECTION

Name of Promoter _____

Address of Promoter _____

Daytime Telephone Number _____

Should you wish your completed Permit to be sent electronically please supply your email address: _____

Are you authorised to make this application? **YES/NO** _____

Name of Charity _____

Address _____

Telephone Number _____

Charity Registration Number _____

State objects of the Charity _____

How will the proceeds of the collection benefit the Borough of Sefton? _____

Date of Collection Requested/ Alternative Date _____

Area(s) in which the collection is to be made _____

Number of persons to act as collectors _____

Is it proposed that remuneration to be paid

a) to a collector _____

b) to another person _____

If more than one Charity is to benefit from the collection, please state proportion of proceeds _____

Is application being made to other Authorities? _____

If yes, please give details _____

Signed.....Designation.....Date.....

Received		Granted/Refused		Date of Collection		Permit No.	
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Return to: Licensing Unit, Sefton MBC, Magdalen House, 30 Trinity Road, Bootle, L20 3NJ
Tel: 0345 140 0845 (*Calls cost 2p per minute plus your phone company's access charge*)