

SWALE BOROUGH COUNCIL **Permit No **/20****
Police, Factories, etc. (Miscellaneous Provisions) Act, 1916
Local Government Act 1972
APPLICATION FOR PERMIT TO MAKE A STREET COLLECTION OR SALE

1. Full Name and Address of Organisation _____
responsible for proposed Collection or Sale _____

Daytime Telephone No. _____

2. Secretary:- Surname (Block Capitals) _____ Mr/Mrs/Miss/Ms

Forenames (in full) _____

Home Address _____

Business Address (if applicable) _____

3. Treasurer:- Surname (Block Capitals) _____ Mr/Mrs/Miss/Ms

Forenames (in full) _____

Home Address _____

Business Address (if applicable) _____

4. Auditor:- full name _____

Address _____

Qualification (if any) (See Regulation 16) _____

5. Bankers:- Name _____

Address _____

6. Date/Dates of proposed Collection or Sale _____

Between the hours of _____ and _____

7. Area to be covered:- _____

8. Proceeds for the benefit of:- _____

Unique registered number of charity: _____

9. Has a permit for a collection or Sale for a similar purpose or by the same person, Society, Committee or other Body of Persons ever been refused? _____

If so, by which Authority? _____

Applicants Signature _____

Address _____

Date _____

To: Licensing Department, Swale Borough Council
Swale House, East Street
Sittingbourne
Kent ME10 3HT