



Application for Permission to Hold a Charitable Collection

Each question must be answered

| | | | | | |
|--|--------------------------------|-------------------|------------------------------|----------------|-------------------|
| Full Name | Surname | | First Name | | |
| | | | | | |
| Home Address (Including Postcode) | | | | | |
| Telephone Number | | | | | |
| Age, Date & Place of Birth | Years | Date of Birth | | Place of Birth | |
| | | | | | |
| Name of Charity or Charities to which proceeds of collection are to be applied | | | | | |
| Date of Collection | (a) House to House | | | | |
| | (b) Street Collection | | | | |
| | | | | | |
| Area of Collection - please tick appropriate box(es) | | | | | |
| Area | Street | House to House | Area | Street | House to House |
| Alloa | | | Menstrie | | |
| Alva | | | Muckhart | | |
| Cambus | | | Sauchie | | |
| Coalsnaughton | | | Tullibody | | |
| Dollar | | | Tillicoultry | | |
| Fishcross | | | | | |
| | | | Whole of Clackmannanshire | | |
| How many persons is it proposed to authorise to act as collectors? | | | | | |
| How will they be identifiable? | | | | | |
| Specify form of collection i.e. boxes/envelope | | | | | |



| | |
|--|---------------|
| <p>Is it proposed that remuneration should be paid out of the proceeds of the collection</p> <p>- to the collectors?</p> <p>- to other persons?</p> <p>-at what rates and to what classed of person?</p> | |
| <p>Has the applicant, or to the knowledge of the applicant, anyone associated with the Promotion of the collection, been refused a licence or order under the Act or had a licence or order revoked?</p> <p>If so, give particulars including name of Licensing Authority and date of refusal or revocation.</p> | <p>Yes/No</p> |

Subject to the provisions of the Rehabilitation of Offenders Act 1974, state below particulars of any **convictions or pending cases** against you and the person(s) named in Sections 2 and 3 above (continue on a separate sheet, if necessary). (If none, please state "NONE".)

| Name | Date | Court | Offence | Sentence |
|------|------|-------|---------|----------|
| | | | | |

Signature of Applicant

.....

Date

Community & Regulatory Services



**Clackmannanshire
Council**

www.clacksweb.org.uk

Please return the completed form together with the relevant fee to:

**The Licensing Administrator
Clackmannanshire Council
Kilncraigs
Alloa
FK10 1EB**

If you require any further information please contact the Licensing Administrator on telephone number 01259 452093 or email address licensing@clacks.gov.uk