



Application for Permit to Make a Street Collection or Sale

Please complete the form in black ink, block capitals and return to:-

**Environmental Health Service, Ashford Borough Council , Civic Centre,
Tannery Lane, Ashford, Kent**

1. **Full Name and address of Person, Society
Committee or other Body of Persons
responsible for proposed collection or sale**
(this is where the permit will be sent)

Daytime Telephone No.

2. **Secretary** - Full Name

Business Address & Daytime Tel. No

3. **Treasurer** - Full Name

Business Address & Daytime Tel. No.

4. **Auditor** - Full Name and Qualification

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Business Address

5. **Bankers - Name**

Business Address

6. Date of proposed Collection or Sale:-

Day Date Month Year

Between the hours ofand.....

7. Area(s) to be covered:-

(Please state where collection is to be held e.g. Ashford, Tenterden, or in one or more of the parishes listing them by name or if to be held in a Shopping Centre)

8. Approximately how many persons will be
authorised to collect?

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9. Proceeds for the benefit of

10. Are you or the Collectors to be paid by the above Organisation? * Yes/No

(If yes please supply a copy of the Agreement between yourself/collectors and the Organisation)

11. Please state what percentage of the amount collected will go to the above Organisation %

12. 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? * Yes/No

13. Has the collection been authorised by the organisation concerned? * Yes/No

Note: A letter from the charity or fund giving written consent to the applicant to make the collection, must accompany this application form.

14. a) Do you intend to sell raffle tickets? *Yes/No

b) Do you intend to site a static display on a pedestrianised area of the town centre?
*Yes/No

* **Delete as appropriate**

15. Applicant's Name
Address

Daytime Tel No

Signature

Date

The authority is under a duty to protect the public funds it administers, and to this end may use the information you have provided on this form for the prevention and detection of fraud. It may also share this information with other bodies responsible for auditing public funds for these purposes. For further information, see <http://www.ashford.gov.uk/fraudprevention> or contact Licensing Manager (01233 330721).