



East Devon
Application to licence a street collection
Police, Factories etc. (Miscellaneous Provisions) Act
1916

For help contact
licensing@eastdevon.gov.uk
Telephone: 01404 515616

* required information

Section 1 of 10

You can save the form at any time and resume it later. You do not need to be logged in when you resume.

System reference This is the unique reference for this application generated by the system.

Your reference You can put what you want here to help you track applications if you make lots of them. It is passed to the authority.

Are you an agent acting on behalf of the applicant?

Yes No

Put "no" if you are applying on your own behalf or on behalf of a business you own or work for.

Applicant Details

* First name

* Family name

* E-mail

Main telephone number Include country code.

Other telephone number

Indicate here if you would prefer not to be contacted by telephone

Are you:

Applying as a business or organisation, including as a sole trader

Applying as an individual

A sole trader is a business owned by one person without any special legal structure. Applying as an individual means you are applying so you can be employed, or for some other personal reason, such as following a hobby.

Applicant Business

* Is your business registered in the UK with Companies House? Yes No

* Registration number

* Business name If your business is registered, use its registered name.

* VAT number Put "none" if you are not registered for VAT.

* Legal status

Continued from previous page...

* Your position in the business

Home country

The country where the headquarters of your business is located.

Registered Address

Address registered with Companies House.

* Building number or name

* Street

District

* City or town

County or administrative area

Postcode

* Country

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FURTHER DETAILS ABOUT THE APPLICANT

Please note: the applicant must be the organiser of the proposed collection

Former name(s)

If currently or previously known by any other name(s), you must record them here.

Home Address

Is the address the same as (or similar to) the address given in section one?

If "Yes" is selected you can re-use the details from section one, or amend them as required. Select "No" to enter a completely new set of details.

Yes

No

* Building number or name

* Street

District

* City or town

County or administrative area

* Postcode

* Country

Further Details

* Date of birth / /
dd mm yyyy

* Place of birth

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ORGANISATION WHICH IS RESPONSIBLE FOR THE COLLECTION

Continued from previous page...

* Provide a brief description of the organisation and its objectives

Sidmouth Coastal Community Hub who promote sustainable, responsible and vibrant coastal communities through art, culture, heritage and education.

* Are the proceeds of the collection to benefit this organisation?

Yes No

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CHARITY, FUND OR ORGANISATION TO BENEFIT FROM THE COLLECTION

* Is another organisation going to benefit from your collection?

Yes No

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TYPES OF COLLECTION

* What type(s) of collection will you be performing?

- A street collection
 A house-to-house collection
 Both street and house-to-house collections

Street Collection

Check for local guidance notes and conditions before completing this section. Some of the questions may not be relevant to local circumstances or your responses may have to provide very specific information.

Where

* In what parts of this authority's area do you intend to carry out the collection?

Millenium Walk Sidmouth

When

* Preferred dates for the collection

Alternative dates

* During what hours of the day will the collection be held?

Collectors

* How many people do you plan to authorise as collectors?

* How will the collectors be identifiable? (provide details of badge, certificate of authority etc)

Tabards and badges

Continued from previous page...

What

Check for local guidance notes which may clarify what is allowable in your area and whether additional permissions or licences are required.

* Do you plan to hold the collection in conjunction with a carnival, procession or other event?

- Yes No

* Do you intend to offer anything for sale during the collection?

- Yes No

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EXPENSES AND PAYMENT

* Will 100% of the proceeds of the collection be donated to a charity or used for charitable purposes?

- Yes No

Statement Of Return

* Which of the following types of return will you submit, giving details of proceeds and deductions?

- Street collection only

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PREVIOUS APPLICATIONS

* Have you, or any person named in or associated with this application, previously applied for a similar licence or registration? (check all that apply)

- No Yes - application granted and revoked
 Yes - application granted Yes - application refused

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CONVICTIONS

* Have you, or any person named in or associated with this application, been convicted of any crime or offence?

- Yes No

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ADDITIONAL DETAILS

Provide any additional information which is required or relevant to your application (check for local guidance notes and conditions which may provide details of specific requirements in your area)

This project is community led and is aiming to build an access ramp at Chit Rocks in Sidmouth. It has been adopted for the purpose of economies of scale into the larger Beach Management Plan that EDDC are leading on. Over the summer months we will be holding a number of fundraising initiatives and this application is to allow us to have a collection at Chit Rocks whilst giving information to the public.
I understand the regulations re number of events etc but would like to apply under extraneous measures as per point 6 in your policy, to have repeat events during this period. This project will benefit literally thousands of people both locally and visitors and will provide much needed equality of access for all beach users. The project is supported by both Town and District councillors and with 250k to raise in total this will help to promote interest and raise funds.

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|--|---|
| DECLARATION | |
| I am aware that should a permit be granted to me the collection must take place in strict compliance with the street * collection regulations. I am aware that I must submit a certified form of statement within 28 days of the collection taking place. | |
| <input checked="" type="checkbox"/> Ticking this box indicates you have read and understood the above declaration | |
| This section should be completed by the applicant, unless you answered "Yes" to the question "Are you an agent acting on behalf of the applicant?" | |
| * Full name | <input type="text" value="Dave Rafferty"/> |
| * Capacity | <input type="text" value="Project Co-ordinator"/> |
| * Date | <input type="text" value="26"/> / <input type="text" value="04"/> / <input type="text" value="2024"/> dd mm yyyy |
| <input type="button" value="Add another signatory"/> | |
| Once you're finished you need to do the following: 1. Save this form to your computer by clicking file/save as... 2. Go back to https://www.gov.uk/apply-for-a-licence/street-collection-licence/east-devon/apply-1 to upload this file and continue with your application. Don't forget to make sure you have all your supporting documentation to hand. | |
| OFFICE USE ONLY | |
| Applicant reference number | <input type="text" value="Chit Rocks"/> |
| Fee paid | <input type="text"/> |
| Payment provider reference | <input type="text"/> |
| ELMS Payment Reference | <input type="text"/> |
| Payment status | <input type="text"/> |
| Payment authorisation code | <input type="text"/> |
| Payment authorisation date | <input type="text"/> |
| Date and time submitted | <input type="text"/> |
| Approval deadline | <input type="text"/> |
| Error message | <input type="text"/> |
| Is Digitally signed | <input type="checkbox"/> |
| 1 2 3 4 5 6 7 8 9 10 Next > | |