APPLICATION FOR
STREET COLLECTION PERMIT

BOROUGH OF BARROW IN FURNESS

NAME OF CHARITY/ORGANISATION FOR WHICH COLLECTION IS BEING MADE (THIS MUST BE DISPLAYED ON COLLECTING BOXES ETC.)	GUIDE DOGS
NAME OF APPLICANT	PAUL LAING
ADDRESS OF APPLICANT	████████████
CONTACT TELEPHONE NUMBER	████████████
CONTACT EMAIL ADDRESS	████████████
DATE AND HOURS COLLECTION REQUIRED	11th October 2017 9-4pm
ALTERNATIVE DATE, IF APPLICABLE	13th October
AREA COLLECTION REQUIRED	Barrow Town Centre
APPROXIMATE NUMBER OF COLLECTORS TAKING PART	3
FULL NAME, ADDRESS AND <u>DATE OF BIRTH</u> OF TWO LOCAL COLLECTORS TAKING PART IN COLLECTION *These names will be passed to the Police for their comments with regards to suitability	COLLECTOR 1* PAUL LAING ████████████ COLLECTOR 2* ████████████
SIGNATURE OF APPLICANT	████████
DATE	4 8 17

I CONSENT TO THE INFORMATION SUPPLIED ON THIS APPLICATION FORM TO BE DIVULGED TO THE POLICE AND OTHER AGENCIES INVOLVED IN THE PREVENTION OF FRAUD.

SIGNED ████████████ .... DATE .... 4 8 17 ....

See notes overleaf

ENVIRONMENTAL HEALTH DEPT
0 4 AUG 2017
BARROW BOROUGH COUNCIL

NOTES

1   All permits are issued subject to the Street Collection Regulations, a copy of which is attached.

2   The number of permits for street collection in the Town Centre of the Borough are restricted. It is therefore recommended that applicants specify alternative dates. All requests for a permit have to be approved by Licensing Committee.

Please return the completed form to:- Environmental Health Department
Barrow Borough Council
Town Hall
Duke Street
Barrow-in-Furness
Cumbria
LA14 2LD

Telephone: 01229 876543
Fax: 01229 876411

FOR OFFICE USE ONLY

Name check sent		Approval date	
Police comment		Permit No.	
Allocated collection date(s)			

(appforms/stcoll.doc)