



DORSET COUNCIL
HOUSE TO HOUSE COLLECTION
APPLICATION

Section 1
Charity/Organisation/Beneficiary Details

Name _____

Head Office Address _____

Local address (if different from above) _____

Charity registration number (if applicable) _____

Section 2
Particulars of Applicant (the applicant must be the organiser of the proposed collection)

Status Mr / Mrs / Miss / Ms / Other _____ Family Name: _____

First Name: _____ Date of Birth: _____

Home address including postcode _____

Email address: _____

Main telephone number _____ (incl area code)

Other telephone number _____

Section 3
Other details of applicant

Have you ever been refused a licence/permit to collect in aid of a charity, organisation or beneficiary?

Yes / No

If yes, give details _____

Section 4

Details of Collection

Which town(s) or village(s) do you desire to make a collection? _____

Date(s) on which collection is to be made (2 week period maximum) _____

Times you want to make the collection/sale From: _____ To: _____

Is it proposed to collect money? Yes / No

Is it proposed to collect articles? Yes / No

If yes, give brief details of articles _____

How many persons do you plan to authorise as collectors within the area? _____

Will 100% of the proceeds of the collection be donated to the charity/charitable purpose? Yes / No

If remuneration is to be paid out of the proceeds please give details: _____

The Council will only licence a house to house collection for a period of up to two weeks in order to give each charitable cause a fair opportunity to collect in this way.

As some charities hold a Home Office Exemption to the House to House collection licensing regime it is not possible to ensure there will only be one charity collecting in one area at any one time.

Please contact licensing (01305) 838028 or licensing@Dorset.gov.uk should you have any questions.

Declaration

I declare all information provided is true and complete. I have read and agree to abide by the Dorset Council House to House Collections Regulations. I have received permission from the charity/organisation/beneficiary named to act on its/their behalf.

Signature of applicant..... Date.....

Printed name.....

The authority is under a duty to protect 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 or administering public fund. For more information please see the Audit Commission website.

Return this form to: Business Licencing, Dorset Council, South Walks House, South Walks Road, Dorchester, Dorset, DT1 1UZ