



Ref No.

**MANSFIELD DISTRICT COUNCIL  
POLICE, FACTORIES, ETC. (MISCELLANEOUS PROVISIONS) ACT 1916  
APPLICATION FOR PERMISSION TO HOLD A STREET COLLECTION OR SALE**

**DATE OF DISPATCH:** \_\_\_\_\_

1. Name and Address of Applicant who will be responsible for the collection or sale:  
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Date of Birth of applicant ..... Home Telephone No. ....

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2. Name and Address of Society represented by Applicants  
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3. Full purposes or aims of Society  
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4. Name of Charity or Fund which is to benefit from the proceeds of the Collection  
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5. Date upon which it is desired to make the Collection or Sale  
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6. Precise locality within which it is desired to make the Collection or Sale  
NOTE:  
(1) Town Centre (Shopping Area) - (Charitable Organisation ONLY)  
(2) Mansfield and District (The whole of the Mansfield Area)  
(Delete as appropriate)

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7. The method to be used in making the collection or sale, e.g. by collecting tin or sale of articles  
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8. Disposal of receipts, i.e., are all receipts to be paid over for the benefit of the Charity or Fund, or will any deduction be made for expenses or any other purpose? If any deduction is to be made state for what purpose and give an estimate of the sum which will be deducted  
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9. Has an application for collection or sale been refused YES/NO? If Yes, please state details  
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10. Has an application for a Collection or Sale previously been made to this Authority YES/NO?  
If Yes, please state date of last application  
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I hereby declare my answers to the above questions to be correct in every respect.

Signature of Applicant ..... Date .....

**IMPORTANT:-  
YOUR RESERVATION WILL BE CANCELLED IF THE APPLICATION FORM IS NOT RETURNED WITHIN 28 DAYS OF DISPATCH**

Approved by Licensing Officer .....

Date .....

All information provided would be treated in compliance with the Data Protection Act 1998. Mansfield District Council may wish to share the information you supply with other departments within the Council. If you do not wish the Council to use information you have supplied in this way please tick the box.