

Applications are to be returned to:  
**Licensing Team**  
**Public Protection**  
**Civic Offices**  
**Holton Road**  
**Barry**  
**Vale of Glamorgan**  
**CF63 4RU**  
**Tel: 01446 709105**



**Schedule of Street Collection**  
**Police, Factories Etc. (Miscellaneous Provisions) Act 1916**

**PERMIT NO.**

**1. Licence holder details**

Mr  Mrs  Miss  Other

Full name	
House no and Street	
District	
Postcode	
Telephone number	

**2. Area to which account relates.**

Area	
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**3. Charity or fund that is to benefit from the proceeds.**

Name	
Charity number	

**4. Date(s) of collection.**

\_\_\_\_\_ to \_\_\_\_\_

*Please show NIL entries where applicable*

Proceeds of Collection	Amount	Expenses	Amount
From collection boxes	£	Printing and stationery	£
Interest on proceeds	£	Postage	£
Other items (please state)	£	Advertising	£
		Collection boxes	£
		Badges	£
		Emblems	£
		Other items (please state)	£
<b>Total (A)</b>	£	<b>Total (B)</b>	£

**Balance (A) – (B) = £**

**Certificate of the licence holder**

I certify that to the best of my knowledge and belief that the above is a true account of the proceeds, expenses and application of the proceeds of the collection.

**Signed..... Date**

**Certificate of account**

I certify that I have obtained all the information and explanations that I required and that the above is in my opinion a true account of the proceeds, expenses and application of the proceeds of the collection.

**Signed..... Date**