



**APPLICATION FOR PERMISSION TO COLLECT MONEY OR  
SELL ARTICLES WITHIN THE AREA OF CARDIFF FOR THE  
BENEFIT OF CHARITABLE OR OTHER PURPOSES**

**IMPORTANT INFORMATION:**

APPLICANTS WHO HAVE NOT PREVIOUSLY BEEN APPROVED WILL NEED TO MAKE APPLICATION AT LEAST 30 DAYS BEFORE THE INTENDED COLLECTION.  
AT LEAST 14 DAYS NOTICE IS REQUIRED FOR CHARITIES PREVIOUSLY APPROVED BY CARDIFF COUNCIL.

**APPLICANT DETAILS**

Title & Surname: \_\_\_\_\_  
First Name(s): \_\_\_\_\_  
Full postal address: \_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_ Email Address \_\_\_\_\_  
Daytime tel. no : \_\_\_\_\_ Work tel. no. \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Place and date of birth: \_\_\_\_\_  
Do you represent a Company? YES  NO   
If yes please state Company House Reg. No.: \_\_\_\_\_  
Has the charity previously been approved by Cardiff County Council for the purpose of a Charity Collection?  
YES  NO   
Have you previously made an application to Cardiff County Council for a Charity Collection?  
If yes please state charity \_\_\_\_\_

**CHARITY/SOCIETY DETAILS**

Name and address of the charity or fund to benefit from the collection \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Objects of the charity or fund \_\_\_\_\_  
\_\_\_\_\_  
Is beneficiary a registered charity? YES  NO   
Registered charity number: \_\_\_\_\_

**PROPOSED COLLECTION DETAILS & PURPOSE**

Date upon which it is desired to make the collection or sale in order of preference. If you require more than one collection date please specify.

- 1. \_\_\_\_\_ 2. \_\_\_\_\_
- 3. \_\_\_\_\_ 4. \_\_\_\_\_

Is it your intention to make a street collection or to sell articles for charitable purposes? \_\_\_\_\_  
(Please state your intention and give brief details)

If selling articles please state:

- 1. Description of articles for sale: \_\_\_\_\_
- 2. Price of article:£ \_\_\_\_\_

Area of the City it is proposed to make the collection \_\_\_\_\_

Time of day it is proposed to make the collection \_\_\_\_\_

Is it proposed to link the collection with an activity of any kind? If so please give a brief description

\_\_\_\_\_  
\_\_\_\_\_

**ALLOCATION OF PROCEEDS**

Will the whole of the collection (100%) be applied for the charity/fund? YES  NO

If "No", state in general terms the amounts to be applied out of each £1.00:

Wages Commission £  Fund raising expenses £  Beneficiary £

Details of how proceeds of collection are to be utilized in South Wales region: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CONVICTIONS OR REFUSAL OF LICENCES:**

Have you or, to your knowledge, anyone connected with this proposed collection, been refused a licence in respect of any collection for charitable, benevolent or philanthropic purposes, or had a licence/permit revoked; or has anyone connected with the proposed collection or organisation making this application held convictions for dishonesty offences?

YES  NO

Is there currently, or has there been previously, been any inquiry by the Police or Charity Commission into any person organisation or charity involved with or to benefit from this proposed collection?

YES  NO

*If "Yes" applies to either question, please give full details on a separate sheet.*

I have enclosed the required supporting documentation:

- A copy of any agreement or particulars of any contract with the registered charity/society benefiting from this collection.
- A copy of the current published accounts for the registered charity or in the case of societies not registered a copy of the statement of accounts for the last financial year. Unless already provided by the charity.

I am aware that if I fail to submit the supporting documentation my application will be incomplete and will not be considered.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

#### DECLARATION

I undertake to provide the Cardiff County Council, within 4 weeks of the collection taking place, a certified statement of income and expenditure using the Council's prescribed form for this purpose. I understand it must be verified by a qualified accountant.

*I am aware that if I fail to submit the statement this could prevent future applications made on behalf of the charity from being approved.*

I hereby authorise the Council to make such checks as they consider necessary to verify the information given above and give my consent to such checks being made with Police, other Authorities or the Charity Commission for this purpose. I certify that all material facts herein are true.

Any data supplied by you on this form will be processed in accordance with Data Protection Act requirements and in supplying it you consent to the Council processing the data for the purpose for which it is supplied. All personal information provided will be treated in the strictest confidence and will only be used by the Council or disclosed to others for a purpose permitted by law.

SIGNATURE OF APPLICANT \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

This application should be completed and returned with the appropriate documentation to:-


Licensing Section

City Hall

Cathays Park

Cardiff

CF10 3ND

 (029) 20871129 / 20871651

#### NOTE TO APPLICANTS - ACTIVITIES IN PEDESTRIANISED AREAS

Activities in the pedestrianised areas require permission under Part 7A of the Highways Act 1980. Such permission is granted by Highways and Parks Service Area, Project Co-Ordination, Brindley Road, Cardiff.  
Telephone number 029 2078 5370.

You are advised to contact this department to ascertain whether or not such permission is required for your activity or collection.