

**Police, Factories, etc (Miscellaneous Provisions) Act 1916, Section 5**

**Street collection form of statement / return by promoter**

Please complete grey shaded areas in BLOCK CAPITALS and email this form to licensing@cheltenham.gov.uk

|  |  |
| --- | --- |
| To: | From: |
| The Licensing teamCheltenham Borough Council |  |
| Licensing Section |  |
| PO Box 10 Municipal Offices |
| Promenade, Cheltenham |
| Gloucestershire GL50 1PP |
|  |
| Full name of person making the Return | **I,**  |  |
|  |  |
| Address of person making the Return | **of**  |  |
|  |  |  |
|  |  | Post Code  |
|  |  |
| Charity or fund which is to benefit  |  |
| **HEREBY STATE** : |
| **1.** The date of the street collection was  |  |
| **2.** The whole proceeds of the street collection were | **£** |
|  |
| **3.** Out of the proceeds the following were deducted for: |  |
|  (i) expenses (printing & stationery , postage, advertising, collecting boxes, badges, emblems, other items: ………. …………………………………………………………………………………………………………………………………………………………………… payments approved under Regulation 15(2). Disposal of Balance (insert particulars) | **£**  |
| **4.** Net proceeds after deductions  | **£** |
| **5.**  **CERTIFICATE OF THE PERSON TO WHOM THE PERMIT WAS GRANTED**I certify that to the best of my knowledge and belief the above is a true account of the proceeds, expenses and application of the proceeds of the collection. |
| **SIGNED** |  | Occupation |  |
| **DATED**  |
| **6.**  **CERTIFICATE OF THE PERSON VERIFYING THE AMOUNT OF PROCEEDS (accountant or other responsible person)**I certify that I have obtained all the information and explanations required by me and that the above is in my opinion a true account of the proceeds, expenses and application of the proceeds of the collection. |
| **SIGNED** | Occupation |
| **DATED**  |

This form must be completed and returned within 1 month of the collection to licensing@cheltenham.gov.uk or to Licensing, Cheltenham Borough Council, PO Box 10, Municipal Offices, Promenade, Cheltenham GL50 1PP.