|  |  |
| --- | --- |
|  | **STREET COLLECTION REGULATIONS****Schedule****Form of Statement** |

Name of the person to whom the permit was granted:

Address of the person to whom the permit was granted:

Name of the charity or fund which is to benefit:

Date of Collection:

**show nil entries**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Proceeds of Collection** | **Amount** | **Total** | **Expenses and Application of Proceeds** | **Amount** | **Total** |
| From Collection Boxes |  |  | Printing and Stationery |  |  |
|  |  |  | Postage |  |  |
|  |  |  | Advertising |  |  |
| Interest on Proceeds |  |  | Collecting Boxes |  |  |
|  |  |  | Badges |  |  |
|  |  |  | Emblems |  |  |
| Other Items |  |  | Other Items |  |  |
|  |  |  | Payments approved under Regulation 15(2) |  |  |
|  |  |  | Disposal of Balance(insert particulars) |  |  |
| TOTAL £ |  |  | TOTAL £ |  |  |

**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.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  |     Signed: |  |

**Certificate of Accountant**

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.

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  |     Signed: |  |

|  |  |
| --- | --- |
| Qualifications: |  |

**NOTE**: This statement, together with a list of the collectors and a list of the amounts contained in each collecting box shall be forwarded within 1 month after the date of the collection:

Licensing, Public Protection

Tamworth Borough Council, Marmion House, Lichfield Street, Tamworth, B79 7BZ

Telephone - 01827 709 445 Fax - 01827 709 434 Email - publicprotection@tamworth.gov.uk