



Shetland Islands Council
Civic Government (Scotland) Act 1982 Section 119
The Public Charitable Collection (Scotland) Regulations 1984

This form is to be lodged with **Environmental Health, Gutters Hut, 7 North Ness, Lerwick, Shetland, ZE1 0LZ.**

APPLICATION FOR PERMISSION TO HOLD A PUBLIC CHARITABLE COLLECTION

ORGANISER / APPLICANT DETAILS

Full Name	
Home Address	
Postcode	
Telephone Number	
Mobile Number	
E-mail	
Age	
Date of Birth	
Place of Birth	

CHARITABLE ORGANISATION DETAILS

Name of Organisation/Group	
Address of Registered or Principal Office	
Postcode	
E-mail	
Telephone Number	
If this is a Registered Charity please provide the number	

Local contact details

Full Name	
Home Address	
Postcode	
Telephone Number	
Date of Birth	
Place of Birth	

CRIMINAL CONVICTIONS

Subject to the provisions of the Rehabilitation of Offenders Act 1974, has any party named in this form ever been convicted of **any** crime or offence? Please note that any foreign convictions should be declared. **If no, please write none below.**

Name	Date	Court	Offence	Sentence

PREVIOUS LICENCE	
Have any persons named in this form held or does currently have permission?	YES/NO
If YES, when was the permission granted?	
When did/does it expire?	
Which Authority granted the permission?	
What was the permission number?	
Has any party named above ever applied for and been refused permission or had their permission suspended or revoked?	YES/NO
If YES, when were they refused?	
Which Authority refused the licence?	

COLLECTION DETAILS			
Dates of proposed public charitable collection (restricted to one week per organisation) Please give two alternative dates if possible.	1 st Choice		
	2 nd Choice		
	3 rd Choice		
Method of collection	Sealed box/can	<input type="checkbox"/>	
	Envelope	<input type="checkbox"/>	
	Other (please state)	<input type="checkbox"/>	
How many collectors do you propose to authorise?			
How will collectors be identified?			
Type of collection requested	House to House	<input type="checkbox"/>	
	Street	<input type="checkbox"/>	
	Both	<input type="checkbox"/>	
Areas where the collection is proposed to take place			
Days of the week, date and the hours during each day when it is proposed the public charitable collection will take place.(example: Friday and Saturday, 10am to 10pm)	Days		
	Hours		

I declare that the particulars given by me on this form are correct to the best of my knowledge and belief. I hereby make application to Shetland Islands Council for the grant or renewal of permission to carry out a Public Charitable Collection.

Date	
Signature of Organiser / Applicant	

N.B. Any person who in or in connection with the making of this application makes any statement which he knows to be false or recklessly makes any statement which is false in a material particular shall be guilty of an offence and liable, on summary conviction, to a fine.

Data Protection:

Shetland Islands Council will use the information about you on this form to process your licensing application. In processing your application, the information you have provided may be shared between Council departments and with other agencies where necessary. By signing this form you consent to the Council sharing your information in this way. The Council has a duty to process your information fairly and in accordance with the provisions of the Data Protection Act 1998. We will ensure that the information we hold is accurate, up to date, is kept as long as necessary and is otherwise shared only where we are legally obliged to do so. You can request access to the personal information held about you by the Council by writing to the Head of Governance and Law, Legal Department, 8 North Ness Business Park, Lerwick, Shetland.