

Licensing Partnership



STREET COLLECTION FORM OF STATEMENT
Street Collections (Metropolitan Police District) Regulations 1979

Name and address of the person to whom the permit was granted	
Position held in the charity	
Name of the charity or fund to benefit	
Date and location of collection	
Permit reference number	

If the expenses were nil show nil entries. If the proceeds were nil please provide an explanation.

PROCEEDS OF COLLECTION	AMOUNT
From Collecting Boxes	
Interest on Proceeds	
Other Items	

EXPENSES AND APPLICATION	AMOUNT
Printing and Stationary	
Postage	
Advertising	
Collecting Boxes	
Badges	
Emblems	
Other Items	

AMOUNT REMAINING FOR CHARITABLE PURPOSES	
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PERSON TO WHOM THE PERMIT WAS GRANTED:
I certify that, to the best of my knowledge, the above is a true account of the proceeds, expenses and application of the proceeds from the collection to which this relates

Signed: _____ **Date:** _____

QUALIFIED 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 collection to which it relates

Signed: _____ **Date:** _____

Please complete within seven days and return to The Licensing Partnership, P.O. Box 182, Sevenoaks, Kent, TN13 1GP