



**The Licensing Team**  
Environmental Health & Housing  
North Devon Council  
PO Box 379  
Barnstaple, Devon EX32 2GR

**Contact Details:**  
**Tel:** 01271 388415  
**Fax:** 01271 318554  
**Email:** [licensing@northdevon.gov.uk](mailto:licensing@northdevon.gov.uk)  
**Web:** [www.northdevon.gov.uk/licensing](http://www.northdevon.gov.uk/licensing)

## **FORM OF ACCOUNT OF EXPENSES, PROCEEDS AND APPLICATION OF PROCEEDS OF COLLECTION MONEY**

**Form Ref: G/SC2**

### **Privacy Notice – privacy & data protection**

North Devon Council, the Data Controller, collects personal information when you contact us for the licensing services we provide. We will use this information to provide these services, such as the granting of a licence, permit, registration or receipt of a notice.

We may need to share your information with other departments in North Devon Council or external/ third parties, where this is necessary to perform our public functions & services as provided by law.

For more information as a Data Subject regarding privacy & data protection, including how we manage your personal information, data retention and your rights, please see our Privacy Notice on the website: [www.northdevon.gov.uk/privacy](http://www.northdevon.gov.uk/privacy)

If you require this document in an alternative format, please contact us.

### **PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST**

If you are completing this form by hand, please write legibly in block capitals using ink. Use additional sheets if necessary (marked with the number of the relevant questions). You may wish to keep a copy of the completed form for your records.

# FORM OF ACCOUNT OF EXPENSES, PROCEEDS AND APPLICATION OF PROCEEDS OF COLLECTION MONEY

POLICE FACTORIES ETC (MISCELLANEOUS PROVISIONS) ACT 1916,  
(AS AMENDED), LOCAL GOVERNMENT ACT 1972

| Part 1 – Details of Chief Promoter   |          |  |
|--|----------|--|
| 1. Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other ( <i>please specify</i> ) |          |  |
| Surname:   |          |  |
| Other name(s):   |          |  |
| 2. Home Address:   |          |  |
| Postcode:  |          |  |
| 3. Telephone:  | Daytime: |  |
|  | Mobile:  |  |
|  | Evening: |  |
| 4. Email Address:  |          |  |
| <i>[please give as many contact details as possible in case we need to contact you]</i>  |          |  |

| Part 2 – Collection Details              |  |
|--|--|
| 5. Name of charity:                      |  |
| 6. Purpose of collection:                |  |
| 7. Parish/Town to which account relates: |  |
| 8. Date of Street Collection:            |  |
| 9. Permit Number:                        |  |

## ALL AMOUNTS TO BE ENTERED GROSS

If nil return please tick ☐ and state reason:

| Proceeds of Collection (A)  |   |   | Expenses and Application of Proceeds (B) |   |   |
|---|---|---|--|---|---|
|   | £ | p |  | £ | p |
| From Collectors, as in list of collectors and amounts attached hereto |   |   | Printing and Stationery                  |   |   |
|   |   |   |  |   |   |
|   |   |   | Postages                                 |   |   |
| Bank Interest   |   |   | Advertising                              |   |   |
|   |   |   | Badges                                   |   |   |
| Other Items (if any):   |   |   | Emblems                                  |   |   |
|   |   |   |  |   |   |
|   |   |   | Collecting Boxes                         |   |   |
|   |   |   |  |   |   |
|   |   |   | Payments approved under Reg 15(2)        |   |   |
|   |   |   |  |   |   |
|   |   |   | Other Items (if any)                     |   |   |
|   |   |   |  |   |   |
|   |   |   | Disposal of balance (insert particulars) |   |   |
|   |   |   |  |   |   |
| <b>TOTAL</b>  |   |   |  |   |   |

### Total of Column A must equal total of Column B

I certify that to the best of my knowledge and belief that the above is a true account of the expenses, proceeds and application of the proceeds of the collection to which it relates.

Date

Signature

### CERTIFICATE OF AUDITOR

I certify that I have obtained all the information and explanations required by me as auditor and that the above is in my opinion a true account of the expenses, proceeds and application of the proceeds of the collection to which it related.

Name

Address

Date

Signature

Profession/Occupation:

Qualifications:

As per the Street Collection Guidance notes the following items are required to be submitted with this statement of return:

A list of the collectors

Condition 16(1)b

A list of the amounts in each box

Condition 16(1)c

A newspaper cutting detailing the name of the promoter, the area for the collection and the date of the collection, the amount collected and the amount of the expenses

Condition 16(2)