

STREET COLLECTION
SCHEDULE FORM OF STATEMENT



Name and address of the person whom the permit was granted:

.....

Name of charity or fund which is to benefit

Date of Collection or Sale _____

Gross Proceeds of Collection	Amount	Total	Gross Expenses and Application of Proceeds	Amount	Total
From Street Collection or Sale			Printing and stationery		
From other sources			Postage		
Bank interest			Advertising		
Other items:			Street Collection Boxes and Carriage		
.....			Badges or other adornments		
.....			Other items (if any):		
.....				
			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 true account of the expenses, proceeds and application of the proceeds of the collection.

Signature Date

Certificate of Accountant or other responsible person

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 proceeds, expenses and application of the proceeds of the collection to which it relates.

Signature Date

Please return to:

The Licensing Team
South Norfolk House
Cygnets Court
Long Stratton
Norwich
NR15 2XE
Telephone: 01508 533602 Fax: 01508 533625
Email: licensingteam@s-norfolk.gov.uk