#

STREET COLLECTIONS

SCHEDULE FORM OF STATEMENT

Form of account of expenses, proceeds and application of collection of money

Please **do not print** this form out, (it is enabled to be completed electronically).

Complete and return by email to: licensing.admin@southnorfolkandbroadland.gov.uk

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| **SECTION A: DETAILS:** |
| 1 | Name of charity or fund which is to benefit: | Click or tap here to enter text. |
| 2 | Start date of collection or sale D/M/Y | Click or tap here to enter text. |
| 3 | Name of person to whom permit was granted: | Click or tap here to enter text. |
| 4 | Address of person to whom permit was granted: | Click or tap here to enter text. |
| 5 | Telephone number/s of person to whom permit was granted: | Click or tap here to enter text. |
| 6 | Email of person to whom permit was granted: | Click or tap here to enter text. |

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| **SECTION B: MONETARY INFORMATION:** |
| **GROSS PROCEEDS OF COLLECTION** | **GROSS EXPENSES AND APPLICATION OF PROCEEDS** |
|  | **£** | **p** |  | **£** | **p** |
| From Street Collection or Sale |  |  | Printing and stationery |  |  |
| From other sources |  |  | Postage |  |  |
| Bank Interest (if any) |  |  | Advertising |  |  |
| Other items (if any) |  |  | Collecting boxes and Carriage |  |  |
|  |  |  | Badges or other adornments |  |  |
|  |  |  | Other items (if any) |  |  |
|  |  |  | Payments approved under Regulation 145 (2) (insert particulars)Click or tap here to enter text. |  |  |
|  |  |  | Disposal of Balance (insert particulars)Click or tap here to enter text. |  |  |
| TOTAL |  |  | TOTAL |  |  |

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| **CERTIFICATE FOR 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 for the collection to which it relates.Signature (please type or use an electronic signature): Print Name: Date:  |

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| **CERTIFICATE OF AUDITOR: Certificate of Accountant or other responsible person** |
| I certify I have obtained all the information and explanations required by me as auditor and the above is, in my opinion, a true account of the expenses, proceeds and application of the proceeds for the collection to which it relates.Signature (please type or use an electronic signature): Print Name: Date: |

**Please read the Privacy Statement below:**

Broadland and South Norfolk District Council takes your privacy very seriously and provides the following information in compliance with *Data Protection Legislation.* Under data protection legislation we lawfully process your personal information as a public authority which may involve sharing your information with other regulatory authorities.

Any data received, as a result of the registration of a food business, will be retained for the period of your involvement with the business and for a period of 7 years once this involvement ceases. We may need to share your information with other service providers and other departments within Broadland and South Norfolk District Council to ensure the best possible service.

Under data protection law you have the right to request access to, rectification, restriction, or objection to the processing of your personal data, as detailed in our Privacy Policy (on our website). You can contact our Data Protection Officer at data.protection@southnorfolkandbroadland.gov.uk You also have the right to lodge a complaint with the regulator, the Information Commissioner’s Office.

Third party processing

Please note, the information supplied may also be shared with Trading Standards, South Norfolk and Broadland Council Business Rates Department, Food Standards Agency and Public Health England. Such information may be provided to assist them in carrying out their normal duties, or to assist/inform them of an issue that presents a risk to public health.