

Blackpool Council

Application for Consent to Distribute Free Printed Material

Applicant(s) Name:

Licensing Service
Blackpool Council
Municipal Buildings, PO Box 4
Blackpool, FY1 1NA

Contact

T: (01253) 47 8397
F: (01253) 47 8372

www.blackpool.gov.uk/licensing



Part 1 - Applicants Details

A. INDIVIDUAL APPLICANTS (fill in as applicable)

Title:	Mr	Mrs	Miss	Ms		Forename(s)						
Surname						Date of Birth						
Home address												
						Post Code						
Telephone Number						Mobile Number						
E-Mail address												

B. OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name											
Address											
						Post Code					
Registered number											
Description of applicant (for example partnership, company, unincorporated association)											
Telephone number											
E-Mail address (optional)											

Contact name (where not previously given) and postal address for correspondence associated with this application

Name										
Address										
		Post Code								
Telephone Number					Mobile Number					
E-mail Address										

Part 2 - Business being promoted

Name of business being promoted and address										
		Post Code								
Type of Business being promoted										

Part 3 - Type of Application

	Daytime 09:00 - 17:00 (Weekly)		Daytime 09:00 - 17:00 (Monthly)
	Daytime (Quarterly)		Daytime (Annual)
	Evening 17:00 - 09:00 (Monthly)		Evening 17:00 - 09:00 (Quarterly)
	Evening 17:00 - 09:00 (Annual)		
	Venue only (Quarterly)		Venue only (Annual)

Date you wish the consent to start from	D	D	M	M	Y	Y	Y	Y
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Type of Material to be distributed										
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Part 4 – Fixed Penalty Notices

Have you received / paid any fixed penalty notices within the last three years relating to the distribution of free literature?

Yes

No

If Yes, provide details:

Part 5 – Convictions

Have you had any convictions within the last 3 years relating to the distribution of free literature?

Yes

No

If Yes, provide details:

Part 6 – Number of Distributors

Number of distributors (max 2) operating at any time

Part 7 – Signature of Applicant

I declare that the information given above is true to the best of my knowledge and that I will comply with the terms and conditions of any consent to distribute granted by Blackpool Council as a result of this application

Signed	
Print Name	
Capacity	
Date	

I am aware that I must enclose payment with his application.

Payment can be taken either by cash at our counter, Debit/ Credit Card or Cheque or Postal Order. All cheques/ Postal Orders made payable to **Blackpool Council**