



Charitable Collections Application for Licence

Send completed Applications to:

Charitable Collection Licences, PO Box 352, Civic Square, ACT 2608

Applicants should be aware of their responsibilities under the **Charitable Collections Act 2003**. You can view the legislation and its regulations or download them from www.legislation.act.gov.au. You should also consult the **Best Practice Guidelines** (www.urbanservices.act.gov.au/charitable).

An asterisk (*) indicates questions, which must be answered before an application can be processed.

* Is this licence for an: individual unincorporated body
incorporated body corporation

* Please indicate whether this application is for a new licence or if you are amending an existing licence:

New licence

Amend licence Licence No. _____ Expiry Date _____

* For what length of time is the licence required (maximum 5 years)

Section 1

* Applicant's details ie person making the application and who will be responsible for the collection and receive all correspondence and enquires about the licence:

Mr Mrs Ms Miss Other _____

Surname _____

Given names _____

Address _____

Telephone _____ Fax _____

Email _____

* Organisation's name and details (if applicable)

Name of applicant _____

Address _____

Telephone _____ Fax _____

Email _____

* In the case of an unincorporated body applying for the licence, is the executive officer completing this application the nominated person for the applicant body in relation to the licence?

Yes No

* If no, please provide details of the "nominated person" and ensure that the nominated person completes and signs the declaration on page 7.

Mr Mrs Ms Miss Other _____

Surname _____

Given names _____

Address _____

Telephone _____ Fax _____

Email _____

Section 2.

* In the case of a corporation, is the corporation externally administered? ie

- (a) is it being wound up? Yes No
- (b) has a receiver been appointed? Yes No
- (c) is it under administration? Yes No
- (d) is it subject to a deed of company agreement? Yes No
- (e) has it entered into a compromise arrangement with another person, the administration of which has not been concluded? Yes No

Section 3.

* Purpose of the collection. Please state briefly who will benefit from the collection, what the proceeds of the collection will be used for, or how this will be achieved. This statement justifies the collection is for a charitable purpose. Example: 'welfare services for needy Australians'. Please include the name of the charity/charities to which benefits/proceeds will go.

Has the collection been approved by this charity or charities?

Yes No

Please attach written authorisation by the charity or charities for the applicant to undertake this collection if the application is NOT being made by the charity itself.

Section 4.

* Please indicate how the applicant will undertake the collection and provide details of the time period during which the collection will be conducted. (If the collection is of more than one type, please provide relevant information for each type)

Personal (includes door to door and public place collections)

From: / / to / /
 dd mm yr dd mm yr

What time of day will the collection be undertaken? _____

Telephone

From: / / to / /
 dd mm yr dd mm yr

What time of day will the collection be undertaken? _____

Written appeals (includes written requests posted, addressed, sent or delivered to a person)

From: / / to / /
 dd mm yr dd mm yr

Internet

From: / / to / /
 dd mm yr dd mm yr

Other forms of electronic communication (see *Electronic Transactions Act 2001*)

(please specify) _____

From: / / to / /
 dd mm yr dd mm yr

What time of day will the collection be undertaken? _____

Collection bins (including clothing bins and any receptacle for receiving money or donations)

From: / / to / /
 dd mm yr dd mm yr

Other (please specify) _____

(eg. fetes, fairs, markets, open days, badge days etc.)

From: / / to / /
 dd mm yr dd mm yr

What time of day will the collection be undertaken? _____

Other (please specify) _____

(eg. fetes, fairs, markets, open days, badge days etc.)

From: / / to / /
 dd mm yr dd mm yr

What time of day will the collection be undertaken? _____

Other (please specify) _____

(eg. fetes, fairs, markets, open days, badge days etc.)

From: / / to / /
 dd mm yr dd mm yr

What time of day will the collection be undertaken? _____

Section 5.

*Will you employ a commercial fundraiser to be paid for any aspect of any collection?

Yes No

If yes, please provide details:

Name of Organisation _____

Contact Person _____

Position _____

Address _____

Telephone _____ Fax _____

Email _____

Please provide details of the activity to be undertaken by the commercial fundraiser, including the time period that the activity will be carried out (if different to the information provided in Section 3).

Please provide details of remuneration payable to the commercial fundraiser or how the remuneration will be calculated.

(If more than one commercial fundraiser is to be engaged please provide an attachment with relevant details for all other fundraisers)

Section 6.

*Will any retail business be conducted to generate collection proceeds?

Yes No

If yes, please provide details:

Name of Business _____

Contact Person _____

Position _____

Address _____

Telephone _____ Fax _____

Email _____

Please provide details of the activity to be undertaken by the retail business, including the time period that the activity will be carried out (if different to the information provided in Section 3).

Please provide details of remuneration payable to the retail business or how the remuneration will be calculated.

(If more than one retail business is to be engaged please provide an attachment with relevant details for all other businesses)

Section 7.

*Have you ever held a licence in the ACT to carry out a collection for charitable purposes?

Yes No

If yes, please provide details of this activity and the period of time over which the activity was carried out.

*Have you or an associate ever had a licence to carry out a collection for charitable purposes suspended or cancelled in the ACT or elsewhere? NB. A person is an associate in relation to an application for a licence if the person can, or will be able to, have significant influence over, or in relation to the carrying out of a collection to which this application relates.

Yes No

If yes, please provide details.

* Have you or an associate ever been convicted (in the ACT or elsewhere) of an offence involving fraud or dishonesty? NB. A person is an associate in relation to an application for a licence if the person can, or will be able to, have significant influence over, or in relation to the carrying out of a collection to which this application relates.

Yes No

If yes, please provide details.

* Are you taking the benefit of any law for the relief of bankruptcy or insolvent debtors or is any part of your income assigned for the benefit of creditors?

Yes No

If yes, please provide details.

Please sign the relevant section.

I/The _____
(applicant/corporation/incorporation/ unincorporated associations name)

declare that the information contained in this application is true and correct.

The applicant understands that:

- i. the authorisation of a licence will be subject to the requirements of the *Charitable Collections Act 2003* and the Regulations of the *Charitable Collections Act 2003*, including any condition which may be imposed under them;
- ii. the licensee, will be responsible for providing a report on the collections conducted under the licence (regulation 14) in the format provided, and any other information that may be required under the licence conditions, within the timeframe stipulated under the licence conditions; and
- iii. an auditor's report of accounts and records kept for collections conducted under the licence may be also required.

Signature of Applicant

Signature of Witness

Print Name

Print Name

Position Held or Address (if applicable)

Position Held or Address (if applicable)

Date

Date

If the applicant is an Incorporated Association:

If the applicant has a Common Seal then it should be affixed in accordance with its rules or constitution.

Common Seal

NOTE: If the applicant is a **corporation** then the signatures on this application have to be (a) 2 directors; or (b) a director and a company secretary; or (c) the sole director (who is also the sole company director) and a witness; or (d) an attorney and a witness. If signed by this method, the attorney certifies that he/she has no notice of revocation of the power or attorney.

If the applicant is an **incorporated association** the two signatures on this application must be authorised officers.

If the applicant is an **unincorporated association** the signature must be from the nominated person or executive officer.