

ACL

APPLICATION FOR A NEW OR AMENDED CHARITABLE COLLECTION LICENCE

IMPORTANT INFORMATION

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 may also obtain access to the Charitable Collections Practice Manual at and relevant forms at www.rgo.act.gov.au. This form may be used for the purposes of applying for a licence (s21) or amending licence under section 34 of the Act. A licence is not required if proceeds received from collections is less than \$15,000 in a financial year.

Send complete	d applications to: OFFICE OF REGU	ILATORY SERVICES, PO BO	OX 225, CIVIC SQUARE, ACT 2608
existing licence. For a ne sections below. If you ar	o apply for a new licence or to change w licence, please tick the appropriate e amending an existing licence, pleas being amended (identified by a circle i	e box and complete all e tick the appropriate box	□ NEW LICENCE□ AMENDMENT
TERM OF LICENCE	COMMENCEMENT DATE Office Use only	EXPIRY DATE Office Use Only	Office Use Only
TYPE OF LICENCE			
☐ Individual	Unincorporated	☐ Corporation	☐ Incorporated Body
CONTACT / NOMINATE	D PERSON DETAILS (Main contact with	the Office of Regulatory Services)	
also provide consent from		ection $21(2)$). In the case of a	with the Act. The nominated person must an unincorporated body, the nominated oplying for this licence.
TITLE FU	JLL NAME OF APPLICANT / NOMIN BODY NOT INCORPORA		SITION HELD WITHIN ORGANISATION Exec Officer)
(13)	BODT NOT INCOME ON	(eg.	Exce Official?
APPLICANT ADDRESS	(Property Name, Unit, Flat, Room No, Street N	lumber, Street Name, City/Suburb/To	own, Postcode)
PHONE CONT			
		CONTACT	EMAIL CONTACT

NAME OF ORGANISATION - REGIST	FRED NAME IF INCORPORATED (if incorpor	rated, please provide a copy of the certificate of incorporation)
WANTE OF ORGANISATION NECESSARY	LICED IN HAIL II INOONI ONNITED (I. Indapen	alcu, picase provide a copy of the confined of incorporation)
AUSTRALIAN COMPANY NUMBER	AUSTRALIAN BUSINESS NUMBER	INCORPORATED ASSOCIATION (if applicable)
REGISTERED OFFICE ADDRESS (Prop	perty Name, Unit, Flat, Room No, Street Number, Street	Name, City/Suburb/Town, Postcode)
PHONE CONTACT	FAX CONTACT	EMAIL CONTACT
THONE CONTACT	TAX CONTACT	LIVIAIL GONTAGT
PURPOSE OF COLLECTION (refer to	http://www.ato.gov.au/nonprofit/content.asp?doc=/	content/24483.htm)
The Chief Executive must be satisfied th	at the proposed purposes of the collection n	nust be for a charitable purpose. The purpose of a
collection must fall into one of the following		and the for a sharkable purpose. The purpose of a
$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	ne needs of the aged	
the advancement of education		
☐ the advancement of religion		
☐ the purposes beneficial to the comm	nunity (philanthropic / patriotic / benevolent)	
Provide more details supporting the base	e purpose of the collection:	
DOCUMENTATION IN SUPPORT OF F	PURPOSE	
	tant that the applicant provide applicable gov	ess the application and make a decision regarding the verning documents. Please select the documents that
certificate of incorporation		
consent from benefiting charity / cha	rities (required only if application is not being	g made by the charity itself)
trust deeds		
memorandums		
articles of association		
constitution / rules		
business partnership agreement		
copies of previous annual returns ov	er \$50,000	
any other documents the applicant c	onsiders relevant to the application	

NAME OF AUDITOR (if collection expect to exceed \$50,000)				
Αl	JDITORS ADDRESS			
	PHONE CONTACT	FAX	CONTACT	EMAIL CONTACT
N/	AME OF FINANCIAL INSTITUTION			
IVF	AWE OF FINANCIAL INSTITUTION			
	ACCOUNT NUMBER	NAME OF ACCO	UNT	
		NG AN INDIVIDUAL OF	BEING THE NOMINATE	PERSON SIGNING ON BEHALF OF A
NC	DN-INCORPORATED BODY			
1				
de	clare that:		(applicant)	
(i)	I have not, nor do I have an associ	ate who has committed	a disqualifying act; and	
(ii)	I am not taking the benefit of any la	aw for the relief of bankr	upt or insolvent debtors; an	d
(iii)) I am not assigning any part of the	ncome from this collecti	on for the benefit of my owr	n creditors.
Ιc	onfirm that I understand that:			
(i)	the authorisation of a licence will be Charitable Collections Act 2003, in			dections Act 2003 and the Regulations of the them;
(ii)				nder the licence (regulation 14) in the formation, within the timeframe stipulated under the
(iii)) an auditor's report of accounts and	records kept for collect	ions conducted under the li	cence may be also required.
			Signed in my presen	ice
Ар	oplicants Name in Full		Witnesses Name in	Full

DECLARATION BY COMPANY OR AN INCORPORATED ASSOCIATION (see note below) (name of company / incorporated body) declare that: (i) I am not aware that an executive officer, or an associate of an executive officer, of the body has committed a disqualifying act; or (ii) the body is an externally-administered body corporate. I confirm that I understand that: 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. Full Name and position in company / incorporated body Full Name and position in company / incorporated body (or witness if signed by attorney Signature Signature If the applicant has a Common Seal then it should be affixed in accordance with its rules or constitution. Common Seal (for incorporated body) 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.

DETAILS OF EACH COLLECTION FOR THE PURPOSES OF THE LICENCE

PROVIDE DETAILS FOR EACH COLLECTION TO BE CONDUCTED UNDER THE CHARITABLE COLLECTIONS LICENCE (Section 9, Regulations) – identify times for children under 12

As a licensee you are obligated to report to the Chief Executive under the following circumstances:

- For a licence that is issued for a period of less than 12 months, you must report to the ORS within 120 days of the end of the licence.
- For a licence that is issued for a period of more than 12 months, you must report to the ORS within 120 days after the end of each 12 month period and within 120 days after the end of the licence.

As a licensee you are also obligated to provided audited reports of the above, if the income within any 12 month period exceeds \$50,000.

If an Amend, please tick	Type Of Collection	Name Of Charity / Charities Who Will Receive Proceeds	How the proceeds will be spent	Date Collection Starts	Date Collection Ends	Expected income from Collection	Date Finalised Accounts Due To Office Of Regulatory Services (eg. 30 June and annually thereafter)
0	Personal (includes door to door and public place collections)						
0	Telephone						
0	Written appeals						
0	Internet appeals						
0	Other forms of electronic communication (Electronic Transactions Act 2001)						
0	Collection bins (includes clothing bins and any receptacle for receiving money or donations)						
0	OTHER eg. Fetes, badge days, markets (please list)						

COMMERCIAL FUNDRAISERS / RETAIL BUSINESSES (to be completed if a commercial fundraiser is being employed or retail business conducted) ANNEXURE A						
COMMER	CIAL FUNDRAISER		ADD TO EXISTING LICENCE			
RETAIL BUSINESS			REMOVE FROM EXISTING LICENCE			
				•		
NAME OF	COMMERCIAL FUNDRAISER / RETAIL BUSI	INESS	NAME OF CONTACT PERSO	ON POSITION IN	ORGANISATION	
ADDRESS	OF COMMERCIAL FUNDRAISER / RETAIL B	BUSINESS				
	PHONE CONTACT	FAX CONTACT	EMAIL CON	NTACT		
DETAILS	OF PROPOSED COLLECTIONS (To be compl	eted for new commercial fundraiser / ret	ail business (Section 9, Regulati	<u>ons)</u> – identify times for children un I	der 12	
If an Amend, please tick	Type Of Collection	Date Collection Starts	Date Collection Finishes	Remuneration Payable to Commercial Fundraiser / Retail Business	Expected income from Collection \$	
0	Personal					
0	Telephone					
0	Written appeals					
0	Internet appeals					
0	Other forms of electronic communication (electronic transactions act)					
0	Collection bins					
0	OTHER eg. Fetes, badge days, markets (please list)					
0	OTHER eg. Fetes, badge days, markets (please list)					