

**Charitable Collections
Application for Licence
(Corporations and Incorporated Associations)**

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

New licence

Renewal of licence Licence No. _____ Expiry Date _____

Amend licence Licence No. _____ Expiry Date _____

Section 1

Applicant's details i.e. corporation making the application

Name of applicant _____

Address _____

Telephone _____ Fax _____

Email _____

Details of executive officer to receive correspondence and enquires about the application for the corporation:

Mr Mrs Ms Miss Other _____

Surname _____

Given names _____

Address _____

Telephone _____ Fax _____

Email _____

Relationship to/position in corporation _____

Section 2.

Is the corporation externally administered? i.e

(a) is it being wound up? Yes No

(b) has a receiver been applied? 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

Details of the purpose for which the licence is sought. Please include the name of the charity to which benefits/proceeds will go to, if the charity is not the applicant corporation.

If the charity to which benefits/proceeds will go is not the applicant, has the collection been approved by the charity?

Yes No

Please attach written authorisation by the charity for the applicant to undertake this collection.

Section 3

Please indicate how the collection will be undertaken by the applicant and provide details of the time period during which the collection will be conducted. (If the collection is to involve more than one form, please provide relevant information for each form)

Telephone

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

What time of day will the collection be undertaken? _____

Door to door

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

What time of day will the collection be undertaken? _____

Clothing bins

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

What time of day will the collection be undertaken? _____

Letter

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

What time of day will the collection be undertaken? _____

Internet

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

What time of day will the collection be undertaken? _____

Other (please specify) _____

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

What time of day will the collection be undertaken? _____

How will the collection be supervised?

(Please provide details in an attachment if more room is required)

How will the benefits/proceeds raised from the collection be distributed?

(Please provide details in an attachment if more room is required)

Section 4

Will a commercial fundraiser be engaged for any aspect of the collection?

Yes No

If yes, please provide details:

Name of Corporation _____

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 5

Will any retail business be engaged for any aspect of the collection?

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).

Has an executive officer or an associate of the corporation 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.

Section 7

- _____
(Corporation/Association name)
warrants that:
 - i. the information contained in this application is true and correct; and
 - ii. it makes this application and will be responsible for the collection.
- The Applicant acknowledges 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. as licensee, the corporation will be responsible for providing a report on the collections conducted under the licence in the format provided at Appendix 1, 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 the collections conducted under the licence may be also required.

Section 8

This form must be executed by the Applicant by one of the following methods:

Incorporated Associations:

Option 1: Common Seal

The Common Seal of the Applicant is affixed in accordance with its rules or constitution:

Common Seal
affixed in the presence of:

Signature of Authorised Officer

Signature of Authorised Officer

Print Name

Print Name

Option 2: Without Common Seal

Signed for and on behalf of the Applicant by the following persons who certify that they are authorised to sign on behalf of the Applicant:

Signature of Authorised Officer: _____

Full Name of Authorised Officer: _____

Position: _____ Date _____

Signature of Authorised Officer: _____

Full Name of Authorised Officer: _____

Position: _____ Date _____

