



## Charitable Collections Application for Licence (Individual)

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. person making the application and who will be responsible for the collection (applicant):

Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

Surname \_\_\_\_\_

Given names \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

### Section 2

Details of the purpose for which the licence is sought. Please include the name of the charity to which benefits/proceeds will go to.

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Has the collection been approved by this 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?

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(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 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).

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

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(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).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 6**

Have you held a licence to carry out a collection for charitable purposes in the past?

Yes  No

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

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Have you or an associate ever had a licence to carry out a collection for charitable purposes suspended or cancelled? 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.

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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.

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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.

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## Section 7

- I, \_\_\_\_\_  
(applicant's full name)  
declare that the information contained in this application is true and correct
- I understand 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, I 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 collections conducted under the licence may be also required.

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_