

Charitable Collections
Application for Licence (Unincorporated body)

This form must be completed in full by an executive officer of the applicant unincorporated body (body).

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

Name of body _____

Address _____

Telephone _____ Fax _____

Email _____

Details of executive officer (ie, a person who is concerned with, or takes part in, the unincorporated body's management) completing this application on behalf of the applicant body

Mr Mrs Ms Miss Other _____

Surname _____

Given names _____

Address _____

Telephone _____ Fax _____

Email _____

Is the executive officer completing this application form the nominated person for the applicant body in relation to the license?

Yes No

If no, please provide details of the “nominated person” and ensure that the nominated person completes and signs the declaration on p.7.

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, if the charity is not the applicant body.

If the charity to which benefits/proceeds will go to is not the applicant body, 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 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 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

Has the applicant body been issued a licence to carry out a collection for charitable purposes in the past?

Yes No

If yes, please provide details of the nature of previous activities and the period of time over which the activities were carried out.

Has the applicant body, executive officer or an associate of the body, or the “nominated person” 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 applicant 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.

Has an executive officer or an associate of the body, or the “nominated person” 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 applicant 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

Executive Officer

- I, _____ declare that the information
(executive officer’s name in full)
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. if at any time there is no nominated person in relation to the licence, that the executive officer of this body will be taken to be the licensee;
 - iii. the licensee is 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
 - iv. an auditor’s report of accounts and records kept for the collections conducted under the licence may be also required.

Signature of executive officer: _____

Office held: _____ Date _____

Full Name of Witness: _____

Position held: _____ Date _____

Address: _____

Signature: _____

Nominated Person

- I, _____
(nominated person's full name)
declare that the information contained in this application is true and correct
and that I have given my consent to being the person nominated by
_____ in relation to the licence.
(Unincorporated body)
- 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 the collections conducted under the licence may be also required.

Signature of nominated person: _____

Position held: _____ Date _____

Full Name of Witness: _____

Position held: _____ Date _____

Address: _____

Signature: _____