



APPLICATION FOR A CHARITABLE COLLECTIONS LICENCE

Charitable Collections Act (1946) Sections 6 & 11
Charitable Collections Regulations (1947) Regulation 3

<p>Charitable Collections Advisory Committee Locked Bag 14 CLOISTERS SQUARE WA 6850</p> <p>Tel: 08 9282-4373 Fax: 08 9282-4337</p> <p>Email: charities@commerce.wa.gov.au</p> <p>Country Callers: 1300 30 40 74</p> <p>TTY: 08 9282-0900</p> <p>Website: www.commerce.wa.gov.au/charities</p>	<p>Instructions Please complete in INK and use BLOCK LETTERS. Attach extra pages if space provided for a response is insufficient.</p> <p>Covering Submission Please provide a covering letter explaining what the organisation does, who your beneficiaries will be and why you require a licence in Western Australia.</p> <p>The Charitable Collections Advisory Committee is required under Section 11 of the Act to consider whether the charitable purposes of the applicant would be more effectively or economically carried out by an existing licence holder.</p> <p>Therefore, your covering letter should also address whether there are any other existing licence holders operating for the same charitable purpose and any contact you have made with them in that regard.</p> <p>Ensure all additional documents required as a part of this application are forwarded with this form.</p>
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APPLICANT

<p>The Applicant must be one of the following types of organisation:-</p> <p>Tick whichever box applies:</p>	<p>Incorporated Association..... <input type="checkbox"/></p> <p>Limited Company..... <input type="checkbox"/></p> <p>Charitable Trust/Trustee..... <input type="checkbox"/></p>
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<p>Name of Organisation to Appear on the Licence</p>	<p>.....</p> <p>.....</p>
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Applicant Contact Details

<p>Name, Address and Contact Details For Organisation</p> <p>Preferred contact method:</p> <p><input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email</p>	<p>Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other (specify).....</p> <p>Name of Authorised Contact Person.....</p> <p>Position Held in Organisation.....</p> <p>Organisation Address.....</p> <p>Suburb..... State..... Postcode</p> <p>Telephone ()..... Facsimile ().....</p> <p>Mobile..... Email.....</p> <p>Website.....</p>
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Structure of Organisation	<p>Australian Business Number, if applicable: ABN.....</p> <p>Please tick the structure that applies and provide the information requested:</p> <p><input type="checkbox"/> One or more Trustees Name of the Trust <i>❖ Please attach a <u>certified</u> copy of the Trust Deed</i></p> <p><input type="checkbox"/> Company Limited by Guarantee ACN.....</p> <p><input type="checkbox"/> Incorporated Association Registration Number..... <i>❖ Please attach a copy of the organisation's Certificate of Incorporation; and</i> <i>❖ A <u>certified</u> copy of the rules (constitution) governing the affairs of the organisation.</i></p>
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Details of Principal Executive Officers (Office Bearers of the organisation)

<p>The Principal Executive Officers will be those that have decision making powers for the organisation.</p> <p>It can include any, or all of the following: Trustees, Board Directors, the Chair/President, Secretary, Treasurer, CEO, Directors.</p>	<p>Please provide Name and Position for these Office Bearers :</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center; padding: 5px;">Full Name</th> <th style="width: 40%; text-align: center; padding: 5px;">Position Held in Organisation</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">1.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">2.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">3.</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">.....</td> <td style="padding: 5px;"></td> </tr> </tbody> </table> <p>Essential attachments:</p> <ul style="list-style-type: none"> ❖ A completed Principal Executive Officer-Declaration & Consent Form for <u>each</u> of the persons named above; AND ❖ A current National Police Clearance, no older than six months, for <u>each</u> of the persons named above. 	Full Name	Position Held in Organisation	1.		2.		3.	
Full Name	Position Held in Organisation										
1.											
2.											
3.											
.....											

Charitable Purpose

<p>State the charitable purpose(s) for which the licence is sought (e.g. the objects of the organisation)</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Existing Licence Holders

<p>Please provide brief details of contact made with existing licence holders with same objects (if applicable).</p> <p>More detail to be provided in your covering submission.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Fundraising Activities

<p>Please indicate the range of fundraising activities the proposed licence holder will be conducting</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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Financial Position

<p>Organisation's proposed financial year end</p> <p>Amount expected to be raised in WA in the first 12 months after being licensed</p>	<p>Day Month..... e.g. 31 December</p> <p>\$.....</p> <p style="text-align: center;">❖ Please attach a <u>certified</u> copy of the proposed licence holders last income and expenditure account and balance sheet (where applicable)</p>
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Bank Account Details

<p>Title of Account</p> <p>Name of Banking Institution</p> <p>Branch</p> <p>Names of persons authorised to operate the account</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p style="text-align: center;">❖ The accounts must be operated by no fewer than two (2) persons jointly</p>
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Auditor Details

<p>Name, Address and Contact Details of Auditor</p>	<p>Name of Auditor.....</p> <p>Accounting Firm.....</p> <p>Postal Address.....</p> <p>Suburb..... State..... Postcode</p> <p>Telephone ()..... Email:.....</p>
<p>Category of Auditor (tick the box that applies)</p>	<p><input type="checkbox"/> Registered Company Auditor (RCA) RCA registration number</p> <p><input type="checkbox"/> Member of Institute of Chartered Accountants (CA)</p> <p><input type="checkbox"/> Member of Australian Society of Certified Practising Accountants (CPA)</p> <p><input type="checkbox"/> Member of Institute of Public Accountants (IPA)</p> <p><input type="checkbox"/> Member of The Association of Taxation and Management Accountants (ATMA)</p> <p><input type="checkbox"/> Other *</p> <p>* If you tick this box, please contact the Charities Coordinator for details of how to apply</p>

AUTHORITY TO OBTAIN INFORMATION

The applicant authorises the Commissioner for Consumer Protection (the "Commissioner") and the Department of Commerce (the Department), or the persons they may direct, to make such further inquiries as they deem necessary, to assess the suitability and fitness of the proposed licence holder to hold a licence under the *Charitable Collections Act* (1946). This general consent includes specifically authorising the Commissioner and the Department, or the persons they direct, to obtain on the proposed licence holder's behalf:

- Copies of any transcripts from any criminal court, disciplinary board or committee, or interviews or hearings relating to bankruptcy or insolvency, in which the proposed licence holder has been a defendant/respondent to proceedings;
- Copies of any statement of fact in any criminal proceedings in which the proposed licence holder has been a respondent/defendant;
- Copies of any decision of any Board in proceedings in which the proposed licence holder has been a respondent/defendant;
- Historical records of any licence applications, disqualifications or suspensions by any Board or licensing authority in WA or any other state or territory relating to the proposed licence holder.

I acknowledge that the Commissioner can use any or all of the information or documentation received pursuant to this authority for the purpose of assessing this application.

Signed: Date:

Name of Authorised Person:

STATUTORY DECLARATION

I
(Print Full Name)

of **declare that**
(Insert residential address)

- I am duly authorised to make this application for a Charitable Collections Licence; and
- that the contents of this application are true and correct; and
- that the attachments hereto are what they purport to be; and
- I make this declaration by virtue of the *Oaths, Affidavits and Statutory Declarations Act (2005)*.

Declared at: on Date:

Signature of Declarant

Signature of Witness:

(JP or Authorised Person) A list of persons who can witness documents is available on our website under "Licences/Witnessing"

Name of Witness (printed):

If Authorised Person, state occupation:

CHECKLIST

Please ensure you have included the following items with this Application Form

- A covering letter giving details of the organisation and addressing whether any other current WA licence holders are providing the same charitable services.
- A Principal Executive Officer Declaration & Consent form for each of the office holders named in this form.
- An original police clearance, no older than six months, for each of the Principal Executive Officers.
- A certified copy of the constitution/rules and/or Trust Deed of the organisation.
- A copy of the Certificate of Incorporation or Registration of the organisation.
- A certified copy of the latest financial statements of the organisation.

Lodgement Details

Applications

Please Note

- This application will be presented to the next monthly meeting of the Charitable Collections Advisory Committee who will make a recommendation to the Commissioner for Consumer Protection as to whether a licence should be granted.
- An incomplete application will not be submitted to the Committee for consideration.
- Funds may not be solicited or collected for any charitable purpose until a licence is issued.

Lodgement by Mail:
Department of Commerce
Locked Bag 14
Cloisters Square
PERTH WA 6850

Lodgement in Person: (8.30am – 4.30pm)
Department of Commerce
Unit 4
321 Selby Street North
OSBORNE PARK 6017