Application for change of manager for a tobacco licence

Use this form to change managers for a tobacco licence in accordance with the *Tobacco Control Act* 2002. You must be over the age of 18 years to apply.

Refer to the <u>tobacco licences</u> webpage for conditions and other relevant information.

Licence details							
Licensee name:							
Licence number:				Expiry date:			
Applicant details (co	omplete sec	tion that is applic	cable)				
Individual							
Surname:					Date of birth:		
Given name/s:							
Other name/s (if app	olicable):						
Corporation							
Corporation name:							
ACN:		Al	BN:				
Firm							
Full firm name:							
ACN:		Al	BN:				
Contact details							
Phone number:				Mobile numbe	r:		
Email address:							
Do you agree to red	eive corre	spondence by e	email?				Yes / No
Reason for change							
Provide a reason below for the change:							
Other associated lie			2				
Does the licensee hold a current liquor licence? Yes / No				Yes / No			
If yes, please provid	le licence i	number below					
Licence number:							

Proposed nominated manager details								
If the licensee is the holder of a liquor licence, the nominee of that licence must also be the nominated manager of this tobacco licence.								
Surname:						Date of bir	th:	
Given name/s								
Other name/s (if, app	olicable):							
Managers occupation	า:							
Postal address:								
Suburb:					State:		Postcode:	
Phone number:				Mobil	e numbe	er:	'	
Email address:								
Residency								
Are you an Australia	n citizen?							Yes / No
If no, how long have	you lived i	n Australia?						
Country of origin:								
Note: if you have live check from your cou			an 6 mont	ths you	may be	required to	provide a cri	minal history
Disclosures								
Has the nominated manager ever been arrested, charged, convicted or summoned for an offence (excluding spent convictions)? Yes / No								
If yes, please provide details below								
Has the nominated manager ever been a defendant in a civil lawsuit for breach of duty of care?								
If yes, please provide details below								
Has the nominated manager ever been dismissed / discharged or asked to resign from any employment?								
If yes, please provide details below								
Has the nominated manager been the subject of any action pursuant to the provisions of bankruptcy legislation?								
If yes, please provide details below								

Applicant declaration				
I, (full name):				
Of (address):				

Solemnly and sincerely declare that:

- All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the Oaths, Affidavits and Declarations Act 2010; and
- I have read and understood the information contained in this application;
- The declaration is true and correct: and
- I know that it is an offence to make a declaration that is false in any material particular.

This declaration is made at: (location)		on: (date)	
Applicant signature:			

Note: Under the *Oaths*, *Affidavits and Declarations Act 2010* a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.

Supporting documents checklist					
Completed and signed declaration					
Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo for the nominated manager attached. For example: Australian drivers licence, international passport, evidence of age card	Yes / No				
Criminal history name check results for nominated manager for the purpose of tobacco attached.					
Evidence of name change (if applicable)	Yes / No				

Privacy statement

The Northern Territory Government complies with the Information Privacy Principals scheduled by the *Information Act* 2002.

Disclaimer

The Northern Territory Government respects and is committed to safeguarding the confidentiality and privacy of the information that it collects and handles, in accordance with the *Northern Territory Information Act* 2002.

You have been asked to provide personal information necessary for us to meet your application requirements. You do not have to provide your personal information but if you choose not to, this application will be incomplete and we will be unable to process it.

The information you provide will be accessible to Occupational Licensing and will only be used to provide a department service or program. We will not disclose your personal information to third parties unless, authorised or required by law to do so you have given us consent to share your personal information for a specific purpose.

You may request access to the personal information we hold about you. If you want more information about the Northern Territory's privacy laws, please refer to the *Northern Territory Information Act 2002*, or the Office of the Information Commissioner NT.

Lodgement				
Complete applications can be lodged in person, email or via post at a Territory Business Centre below:				
Darwin:	Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah			
Katherine:	Big Rivers Government Centre, 5 First Street, Katherine			
Tennant Creek:	Barkly Business Hub, 63 Haddock Street Tennant Creek			
Alice Springs:	Ground Floor, The Green Well Building, 50 Bath Street Alice Springs			
1800 193 111	territorybusinesscentre@nt.gov.au	GPO Box 9800 Darwin NT 0801		

Payment details

A fee is payable on lodgement of this application form. Payment can be made by:

- Cash (in person only); or
- Cheque (made out to Receiver of Territory Monies); or
- Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment.

Payment date: Receipt number: Amount paid: