

Tobacco Retailer Licence

Application for a Renewal of a Licence by a Firm (Partnership or Association)

Licence Term		
Please select the term of the licence you are applying for <i>(choose one only)</i> :		
<input type="checkbox"/> 1 Year	<input type="checkbox"/> 3 Years	<input type="checkbox"/> 5 Years
Licence Details		
Licensee Name:		
Licence Number:	Expiry Date:	
Licensee Category(ies) Held: <i>(Only one class of Licence can be chosen)</i> :		
<input type="checkbox"/> Tobacco Retail Licence	<input type="checkbox"/> Tobacco Mobile Licence	<input type="checkbox"/> Tobacco Specialist Licence
Applicant Details		
Full Name of Firm/Association:		
ABN:		
Is the Applicant Incorporated? <i>(If Yes, Please enter an Incorporation Number below)</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No
Incorporation Number:		
Firm Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Postal Address and Contact Details		
<input type="checkbox"/> Postal Address is the same as Firm Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Post Office Box Address:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Email:		
Principal Place of Business		
<input type="checkbox"/> Principal Place of Business Address is the same as Firm Head Office		
Unit/Building Number:	Street Number:	
Street Name:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number:		
Email:		
Does the Firm use a Business or Trading Name?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If Yes, provide Business Name, Business Number and Website</i>		

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Business Name:			
Business Number:			
Website:			
Nature of Business			
Nature of Business: <i>(Please select one from the list below)</i>			
<input type="checkbox"/> Club Non Profit	<input type="checkbox"/> Construction Camp	<input type="checkbox"/> Liquor Merchant	<input type="checkbox"/> Store
<input type="checkbox"/> Off Licence Other	<input type="checkbox"/> On Licence Other	<input type="checkbox"/> Private Club	<input type="checkbox"/> Private Hotel
<input type="checkbox"/> Public Hotel	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Roadside Inn (Serviced)	<input type="checkbox"/> Roadside Inn (Unserviced)
<input type="checkbox"/> Tavern	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Vessel	
Applicant Disclosures <i>(if you answer YES to any question below, please provide details on a separate page)</i>			
1. Since the last application, has the nominated manager been arrested, charged, convicted or summoned for an offence (excluding spent convictions)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Since the last application, has the nominated manager or the corporation been a defendant in a civil lawsuit for breach of duty of care?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Since the last application, has the nominated manager been the subject of any action pursuant to the provisions of bankruptcy legislation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Associated with Other Licences			
Does this party hold a current Liquor Licence? <i>(If yes, please provide the Licence Number below)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nominated Manager Details			
If the Firm/Association is the holder of a liquor licence the nominee of that licence must be the manager of this licence			
Surname:		Title:	
Given Name(s):		Other Names:	
Date of Birth:		Place of Birth:	
Manager's Postal Address and Contact Details			
Unit/Building Number:		Street Number:	
Street Name:			
Post Office Box Address:			
Suburb:		State:	Postcode:
Country:			
Telephone:		Mobile:	
Fax Number:			
Email:			
Fax Number:			
Email:			

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Complete the following sections for each Officer of the Firm.

If there is more than one Officer of the Firm, photocopy and complete the following sections for each officer. Attach the additional pages when you submit your application.

Officers of the Firm *(photocopy and complete for each Officer of the Firm if more than one)*

Details of each Officer of the partnership (Partners, Managers and Secretary) and each person who substantially controls or could substantially control the affairs of the company.

Surname:	Title:		
Given Name:	Other Names:		
Date of Birth:			
Position Held:	<input type="checkbox"/> Partner	<input type="checkbox"/> Legal Officer	<input type="checkbox"/> Treasurer
	<input type="checkbox"/> Principal Executive Officer		<input type="checkbox"/> President

Postal Address and Contact Details *(photocopy and complete for each Officer of the Firm if more than one)*

Unit/Building Number:	Street Number:	
Street Name:		
Post Office Box Address:		
Suburb:	State:	Postcode:
Country:		
Telephone:	Mobile:	
Fax Number		
Email:		

Additional details

Occupation:

Officer Disclosures:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you ever been arrested, charged, convicted or summoned for an offence (excluding spent convictions)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever been a defendant in a civil lawsuit for breach of duty of care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Have you ever been the subject of any action pursuant to the provisions of bankruptcy legislation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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Unattested Declaration under the Oaths, Affidavits and Declaration Act

I, *(Full Name)*

of: *(Address)*

solemnly and sincerely declare that:

1. all statements and information contained in this application are true and correct to the best of my knowledge;
2. I have read and understood the information contained in this application; and I further state that:
3. This declaration is true and correct; and
4. 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)*

Signature:

Note: A person wilfully making a false statement in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both.

Supporting Documents

The following documents are required to be lodged with the application:

- Current Business Name Extract (for Partnership)
- Statutory declaration completed by continuing manager (format attached to this form), stating that they have not been convicted of any offences since the last criminal history report was provided and whether they are the subject of any pending charges for an offence.
- Current photographic ID of Manager (driver's licence or passport).

Application Notes

1. In case of change of manager, please lodge an application for change of manager along with this application.
2. The new manager must provide evidence of lodgement of Criminal History Name Check Application for the proposed manager only. Please note that applications will not be processed until receipt of the Criminal History Report which may take around 6 weeks to process by SAFE NT.

Privacy Statement

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

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Northern Territory of Australia

Statutory Declaration

(1)
Insert full name and address of person making declaration

I, (1)

Of _____

(2)
Here insert the matter declared to, either directly following the word 'declare' or, if the matter is lengthy, insert the words 'as follows' and thereafter set out the matter in numbered paragraphs

solemnly and sincerely declare (2)

That I have not been charged, summonsed or convicted of any offence since my last criminal history check for my tobacco licence and I am not the subject of any pending charges for any offence.

This declaration is true and I know it is an offence to make a statutory declaration knowing it is false in a material particular.

Declared at: _____

On the _____ day of _____ 20____

(3)
Signature of the person making the declaration

(3)

(4)
Signature of the person before whom the declaration is made

Witnessed by:

(4)

(5)
Here insert full name of person before whom the declaration is made, legibly written, typed or stamped

(5)

(6)
Here insert contact address or telephone number of person before whom the declaration is made

(6)

Note: This declaration may be witnessed by any person who is at least 18 (eighteen) years of age.

Note: This written statutory declaration must comply with Part 4 of the *Oaths Affidavits and Declarations Act*.

Note: Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.

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Fees and Payment	
Contact your local Territory Business Centre for the relevant schedule of fees.	
Cash – Territory Business Centre <input type="checkbox"/>	
Cheque - payable to Receiver of Territory Monies (RTM) <input type="checkbox"/>	
Credit card	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>
Name on Card	
Credit Card Number	_____
Credit Card Expiry Date	__ / __ (MM/YY)
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of \$	
Amount in words	
Signature:	Date
Contact Phone Number	
Lodgement Options	
Applications can be lodged at a Territory Business Centre with the prescribed fee at:	
<p>Darwin Darwin Corporate Park Ground Floor, Building 3 631 Stuart Highway Berrimah GPO Box 9800 Darwin NT 0801 t: (08) 8982 1700 f: (08) 8982 1725 Toll free: 1800 193 111 e: territory.businesscentre@nt.gov.au</p>	<p>Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t: (08) 8973 8180 f: (08) 8973 8188 e: territory.businesscentre@nt.gov.au</p>
<p>Tennant Creek Shop 2, Barkley House Cnr Davidson and Paterson Streets Tennant Creek PO Box 9800 Tennant Creek NT 0861 t: (08) 8962 4411 f: (08) 8982 1725 e: territory.businesscentre@nt.gov.au</p>	<p>Alice Springs Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800 Alice Springs NT 0871 t: (08) 8951 8524 f: (08) 8951 8533 e: territory.businesscentre@nt.gov.au</p>