**Tobacco Retailer Licence**

**Application for a Renewal of a Licence by an Individual**

<table>
<thead>
<tr>
<th>Licence Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please select the term of the licence you are applying for <em>(choose one only)</em>:</td>
</tr>
<tr>
<td>☐ 1 Year</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Licence Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensee Name:</td>
</tr>
<tr>
<td>Licensee Category(ies) Held: <em>(Only one class of Licence can be chosen)</em>:</td>
</tr>
<tr>
<td>☐ Tobacco Retail Licence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Birth:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Postal Address and Contact Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit/Building Number:</td>
</tr>
<tr>
<td>Street Name:</td>
</tr>
<tr>
<td>Post Office Box Address:</td>
</tr>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>Country:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Fax Number:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant Disclosures <em>(If you answer YES to any question below, please provide details on a separate page)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever been arrested, charged, convicted or summoned for an offence (excluding spent convictions)?</td>
</tr>
<tr>
<td>2. Have you ever been a defendant in a civil lawsuit for breach of duty of care?</td>
</tr>
<tr>
<td>3. Have you ever been the subject of any action pursuant to the provisions of bankruptcy legislation?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Associated with Other Licences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you hold a current Liquor Licence? <em>(If yes, please provide the Licence Number below)</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Principal Place of Business</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Principal Place of Business Address is the same as contact address above</td>
</tr>
<tr>
<td>Unit/Building Number:</td>
</tr>
<tr>
<td>Street Name:</td>
</tr>
<tr>
<td>Suburb:</td>
</tr>
<tr>
<td>Country:</td>
</tr>
<tr>
<td>Telephone:</td>
</tr>
</tbody>
</table>
Fax Number: 

Email: 

Do you use a Business or Trading Name? 
☐ Yes  ☐ No  
*If Yes, provide Business Name, Business Number and Website*

Business Name: 

Business Number: 

Website: 

**Nature of Business**

*Please select one from the list below*

- [ ] Club Non Profit
- [ ] Construction Camp
- [ ] Liquor Merchant
- [ ] Store
- [ ] Off Licence Other
- [ ] On Licence Other
- [ ] Private Club
- [ ] Private Hotel
- [ ] Public Hotel
- [ ] Restaurant
- [ ] Roadside Inn (Serviced)
- [ ] Roadside Inn (Unserviced)
- [ ] Tavern
- [ ] Vehicle
- [ ] Vessel

**Nominated Manager Details**

If you are the holder of a liquor licence the nominee of that licence must be the manager on this licence.

Are you the Nominated Manager for this licence? If not, please provide details of the nominated manager below: 
☐ Yes  ☐ No 

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: 

**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 photographic ID of manager (driver’s licence or passport)
- [ ] 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.
- [ ] Business Name Certificate of Registration and Business Name Extract, if applicable.

**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 Principals scheduled by the Information Act.
Northern Territory of Australia

Statutory Declaration

I, ____________________________

Of ____________________________

(1)

solemly and sincerely declare (2)

That I have not been charged, summoned 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)

Witnessed by:

(4)

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 ☐

Cheque - payable to Receiver of Territory Monies (RTM) ☐

Credit card ☐ Visa ☐ MasterCard ☐

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:

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

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

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

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