Application for a motor vehicle dealer licence – Company/Firm

Use this form to apply for a motor vehicle dealer company or firm (partnership) licence in accordance with Section 132 of the Consumer Affairs and Fair Trading Act 1990.

Applicants must have attained the age of 18 years.

See the motor vehicle dealer licences webpage for further information and the prescribed fee.

Applicant details								
Firm (Partnership)	Yes / N	lo	C	Corporati	on Yes	/ No		
Company/Firm nam	ne:							
ACN:			ABN:					
Business address:								
Suburb:					State:		Postcode:	
Is your postal addre	ess the sa	me as above?	If no, con	nplete be	elow.			
Postal address:								_
Suburb:					State:		Postcode:	
Contact details								
Phone number:				Mobi	ile numbe	er:		
Email address:								
Do you agree to red	ceive cor	respondence l	oy email?					Yes / No
Approved manager	details							
Note: an application	n form fo	r an approved	l manager	will nee	d to be lo	odged with th	is form.	
Approved manager	name:							
Phone number:				Mobi	ile numbe	er:		
Email address:								
Principal place of b	usiness (primary car yard	d)					
Is your principal pla	ce of bus	siness address	the same	as abov	e?			Yes / No
If no, provide the ad	ddress be	elow.						
Business address:								
Suburb:					State:		Postcode:	
Do you intend to use a business or trading name? Yes / No								
If yes, provide the business name, registration number and website below:								
Business name:								
Business number:				Web	site addr	ess:		
Do you intend to carry on business from more than one car yard? Yes / No								
If yes, complete below. If more than two other place of business copy and attach to the application.								



Other place of busin	n ess details 1 (addit	ional car yard details)				
Business manager n	ame:			Licence num	ber:	
Business address:					·	
Suburb:			State:		Postcode	:
Phone number:		Mobil	e numb	er:		
Email address:						
Other place of busin	n ess details 2 (addit	ional car yard details)				
Business manager n	ame:			Licence num	ber:	
Business address:						
Suburb:			State:		Postcode	:
Phone number:		Mobil	e numbe	er:		
Email address:						
Applicant declaration	on					
I, (full name):						
Of (address):						
Solemnly and sincer	ely declare that:					
Trading Act 1 and All statements knowledge by I have read ar	 Trading Act 1990 and am in bona fide control of the affairs of the company in the Northern Territory; and 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 					thern Territory; e best of my
This declaration is m	nade at: (location)			on:	(date)	
Applicant signature:						
Note: Under the <i>Oaths</i> , <i>Affidavits and Declarations Act 2010</i> 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.						
Checklist						
Prescribed application fee – See the motor vehicle dealer licences page for current fee.					Yes / No	
Signed and completed applicant declaration.					Yes / No	
Completed business plan.					Yes / No	
Completed application for approval as a manager with relevant prescribed fee attached.					Yes / No	
Proof of ownership, copy of lease of premises or letter of consent/approval of owner to run a motor vehicle dealership at the nominated address attached.						Yes / No
· · · · · · · · · · · · · · · · · · ·	Proof that these premises are appropriately zoned to carry on the business of a motor yehicle dealer attached. Yes / No					Yes / No
Company/Firm officers sections completed (pages 4-7)					Yes / No	

Criminal history name check results attached for each person associated with the application including the proposed manager. Please note: results can take up to 6 weeks to be processed.	Yes / No
Two referee statements stating that the officers are fit and proper persons to be a motor vehicle dealer or manager completed attached.	Yes / No
Proof of identity (ID) documents attached for each person associated with the application.	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 Racing and Gaming 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:	e: Big Rivers Government Centre, 5 First Street, Katherine		
Tennant Creek:	nt Creek: Shop 2, Barkly House, Cnr Davidson and Paterson Streets, 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:	Rece	eipt number:	Amount paid:	
'			•	

Company/Firm officers (photocopy and complete for each officer/partner of the company/firm if more than one)									
Details of each direct substantially control	-		•	or the p	erson w	ho substantia	ally con	ntrols	or could
Surname:						Date of birt	h:		
Given name/s:									
Other name/s (if app	licable):								
	Director		Yes / No		Legal	officer		Y	es / No
Position held:	Company secretary		Yes / No		Princi	Principle Executive		er Y	es / No
	Partner		Yes / No						
Postal address:									
Suburb:				St	ate:		Postc	ode:	
Phone number:				Mobile	numbe	r:			
Email address:				•		·			
Referee statement									
Two referee statements stating that the partner(s) are fit and proper persons to be a motor vehicle dealer or manager. Referees must be over the age of 18 years and not be related to the applicant(s).									
Referee 1									
Referee name:									
of: (address)									
Suburb:		State: Postcode:							
Position title:									
declare that I have k	nown (apı	olicants name):						
For (number of years)	:	year(s) and	that in my	opinion h	e/she is	s a person of	good fa	ame a	nd character.
Referee signature:						Date:			
Referee 2									
Referee name:									
of: (address)									
Suburb:				St	ate:		Postc	ode:	
Position title:									
declare that I have k	nown (apı	olicants name):						
For (number of years)	:	year(s) and	that in my	opinion h	e/she is	s a person of	good fa	ame a	nd character.
Referee signature:						Date:			

Proof of identity (ID)

The applicant <u>must attach</u> either one of the following combinations:

- One primary and two secondary documents; or
- Two primary and one secondary documents from the list below.

ID must include at least one type of primary ID that contains the applicants name and date of birth. If you are unable to provide the required documents please contact Occupational Licensing on (08) 8999 1800.

Primary document	Select
Australian passport (note: passports are still valid for 2 years after expiry, unless cancelled)	Yes / No
Australian drivers licence	Yes / No
Licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo i.e HRWL licence, working with children's card etc	Yes / No
Proof of Age Card issued by an Australian State or Territory	Yes / No
Identity document issued by an Aboriginal Land Council that has your photograph	Yes / No
Secondary document	Select
Australian birth certificate/card	Yes / No
Australian citizenship certificate	Yes / No
Photo ID card showing you are a Commonwealth, State or Territory Government employee	Yes / No
Medicare, centrelink or health care card	Yes / No
Council rates notice with your name and current residential address	Yes / No
Utilities notice with your name and current residential address	Yes / No
Foreign drivers licence	Yes / No
Disclosures	
In the NT or elsewhere during the last 12 months have you applied for an authorisation (however described), such as a licence or certificate, or registration, under any Act relating to the regulation of any business trade, profession, industry or occupation?	Yes / No
If yes, provide details below:	
ii yes, provide details below.	
n yes, provide details below.	
Were any of the applications for such authorisation refused or withdrawn?	Yes / No
	Yes / No
Were any of the applications for such authorisation refused or withdrawn?	Yes / No
Were any of the applications for such authorisation refused or withdrawn?	Yes / No Yes / No

In the last 10 years, have you been subject to action of a disciplinary nature relating to any authorisation referred to above or are there any investigations or proceedings, pending or current, which may result in such action being taken in relation to any authorisation?	Yes / No
If yes, provide details below:	
Have you been convicted of, or served any part of a term of imprisonment, wherever committed, for an offence involving fraud, dishonesty or physical violence or an offence against the Consumer Affairs and Fair trading Act 1990?	Yes / No
If yes, provide details below:	
Have a charge pending in relation to an offence involving fraud or dishonesty?	Yes / No
If yes, provide details below:	
Have you been or are you currently bound by any recognisance (bail condition) or the subject of any charge pending in relation to any offence(s) before a court or Commission of Inquiry?	Yes / No
If yes, provide details below:	
Have you held a position as secretary or director in any company which has been wound up or placed under a receiver or official manager, or which has entered into a scheme or arrangement with its creditors?	Yes / No
If yes, provide details below:	
Have you been declared bankrupt or assigned your estate for the benefit of your creditors? If yes, quote the date(s) and jurisdiction(s).	Yes / No
If yes, provide details below:	
Have you been known by any other names?	Yes / No
If yes, provide details below:	

Company/firm	officer declaration				
I, (full name):					
Of (address):					
Solemnly and s	incerely 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 r	ead and understood the	e information contained in this application; and			
	claration is true and cor that it is an offence to r	rect; and make a declaration that is false in any material pa	ticular.		
This declaratio	n is made at: (location)	on: (date)			
Applicant signature:					
Note: Under the <i>Oaths</i> , <i>Affidavits and Declarations Act 2010</i> 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.					