

Application for a Licence as a Motor Vehicle Dealer by a Company

Consumer Affairs and Fair Trading Act

Please print in block letters. If there is insufficient space, attach extra sheets. All applicable questions must be answered and full particulars provided.

| Application for a Licence as a Motor Vehicle Dealer by a Company | | | |
|---|--|-----------------|--|
| 1. Applicant details | | | |
| Corporation name: | | | |
| ACN: | | | |
| Registered Office address: | | | |
| Postal address: (all correspondence will be mailed to this address) | | | |
| Telephone: | | Mobile: | |
| Facsimile: | | Email: | |
| Is the Corporation is a foreign corporation | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, date of registration to carry on business in Australia: | | | |
| 2. Business details | | | |
| Business name: | | | |
| Business number: | | | |
| Date of Registration: | | | |
| Car yard address: | | | |
| Name of Manager: | | | |
| Date of Birth: | | Place of Birth: | |
| Residential address of manager: | | | |
| Telephone: | | Mobile: | |
| Email: | | | |

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| 2a. Details of other places of business | | | |
| Does the Company intend to carry on business from more than one car yard? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If yes , please provide the following details for each car yard to be registered and the name of the Manager (if you have more than one place of business, please supply all the details on a separate sheet as an attachment). | | | |
| Business name | | | |
| Business number | | Date of Registration | |
| Car yard address | | | |
| Name of Manager | | | |
| Date of Birth | | Place of Birth | |
| Residential address of manager | | | |
| Telephone | | Mobile | |
| Email | | | |
| 3. Directors and Management | | | |
| Please list all Directors of the Company and each person concerned in the management or control of the Company. (Attach separate sheets if space is insufficient) | | | |
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Ms <input type="checkbox"/> Miss <input type="checkbox"/> |
| Surname | | | |
| Given name(s) | | | |
| Position held | | Date of birth | |
| Current Residential address | | Post code | |
| Address during the last 3 years | | Post code | |
| Telephone | | Mobile | |
| Email | | | |
| Title | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Ms <input type="checkbox"/> Miss <input type="checkbox"/> |
| Surname | | | |
| Given name(s) | | | |
| Position held | | Date of birth | |
| Current Residential address | | Post code | |
| Address during the last 3 years | | Post code | |
| Telephone | | Mobile | |
| Email | | | |

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| 4. Referees | |
| Full Name | |
| Postal Address | |
| Occupation | |
| Full Name | |
| Postal Address | |
| Occupation | |
| 5. Disclosure | |
| <p>Please complete the following questions. If you answer YES to any of the questions, please provide full details on a separate sheet as an attachment.</p> <p>In the Northern Territory or elsewhere during the last 12 months has the corporation, a related corporation within the meaning of the Corporations Law, a director, or a person concerned in the management of the corporation:</p> | |
| 1. 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Had any of the applications for such authorisation refused or were any of the applications withdrawn? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Had an authorisation granted which is no longer in force for any reason? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Been subject to action of a disciplinary nature relating to any authorisation referred to in paragraph (1), or are there any investigations or proceedings, pending or current, which may result in such action being taken in relation to any authorisation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Since being licensed, 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 <i>Consumer Affairs and Fair Trading Act</i> ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Had a charge pending in relation to an offence involving fraud or dishonesty? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Been known by any other name? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 6. Supporting documents | | | |
| The following documents are required to be lodged with this application. | | | |
| Completed Form 3 – Business Plan by a Corporation | <input type="checkbox"/> | | |
| Completed Application for Approval as a Manager | <input type="checkbox"/> | | |
| Current company extract | <input type="checkbox"/> | | |
| Business name extract (as applicable) | <input type="checkbox"/> | | |
| Current photographic identification of each person associated with this application (driver's licence or passport or birth certificate). Must be over 18 years of age. | <input type="checkbox"/> | | |
| Evidence of lodgement of National Police History Name Check for each person associated with this application including the proposed manager. Please note that applications will not be processed until receipt of the National Police History Name Check. The application must be lodged at the Territory Business Centre. | <input type="checkbox"/> | | |
| Two written referee statements stating that the director(s) are fit and proper persons to be a motor vehicle dealer or manager. | <input type="checkbox"/> | | |
| 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. Proof that these premises are appropriately zoned to carry on the business of a motor vehicle dealer. | <input type="checkbox"/> | | |
| Copy of the newspaper advertisement published in a newspaper circulating throughout the Northern Territory advertising your proposal to carry on business as a motor vehicle dealer. (Refer to the Guide to Advertising for further details and a pro forma advertisement.) | <input type="checkbox"/> | | |
| 7. Privacy Statement | | | |
| The Department of Business complies with the Information Privacy Principles scheduled to the <i>Information Act</i> . | | | |
| 8. Unattested Declaration under the <i>Oaths, Affidavits and Declarations Act</i> | | | |
| I (insert name): | | | |
| Of (insert address): | | Postcode | |
| solemnly and sincerely declare that: | | | |
| <ol style="list-style-type: none"> 1. all statements and information contained in this application for the purpose of obtaining a licence under the <i>Consumer Affairs and Fair Trading Act</i> 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: | | | |
| <ol style="list-style-type: none"> 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 (Place) | | On (Date) | |
| Signature of Applicant | | | |
| 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. | | | |

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| 9. Payment options | | | |
| Contact your local Territory Business Centre for the relevant schedule of fees. | | | |
| Cash - Territory Business Centre | | | <input type="checkbox"/> |
| Cheque - payable to RTM (Receiver to Territory Money) | | | <input type="checkbox"/> |
| Credit card <input type="checkbox"/> | Visa <input type="checkbox"/> | MasterCard <input type="checkbox"/> | |
| Credit Card number | | | |
| Expiry | | | |
| Name on card | | | |
| I hereby authorise the Territory Business Centre to debit the above credit card for the amount of | | | \$ |
| Amount in words | | | dollars |
| Signature of cardholder | | Date | |
| Contact phone number | | | |
| 10. Lodgement options | | | |
| Applications to be lodged at a Territory Business Centre with the prescribed fee. | | | |
| 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 Street 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 | |