

Application for a tobacco licence

Use this form to apply for a licence to sell tobacco related products in accordance with Section 29 of the *Tobacco Control Act 2002*.

You must be over the age of 18 years to apply.

Refer to the [tobacco licences](#) webpage for conditions and other relevant information.

Licence term (select one)					
1 year	Yes / No	3 years	Yes / No	5 years	Yes / No
Licence class (select one)					
Tobacco retail licence	Yes / No	Tobacco mobile licence	Yes / No		
Tobacco specialist licence	Yes / No				
Applicant type (select one)					
Individual	Yes / No	Firm (partnership/association)	Yes / No	Corporation	Yes / No
Applicant details (complete section that is applicable)					
Individual					
Surname:				Date of birth:	
Given name/s:					
Other name/s: (if applicable)					
Corporation					
Corporation name:					
ACN:			ABN:		
Firm					
Firm type:	Partnership	Yes / No	Association	Yes / No	
Full firm name:					
If the firm is an incorporated association provide the incorporation number below.					
Incorporation number:					
ACN:			ABN:		
Address details					
Residential address:					
Suburb:		State:		Postcode:	
Is your postal address the same as above? If no, complete below:					
Postal address:					
Suburb:		State:		Postcode:	
Contact details					
Phone number:		Mobile number:			
Email address:					
Do you agree to receive correspondence via email?					Yes / No

Residency (individual only)					
Are you an Australian citizen?					Yes / No
If no, how long have you lived in Australia?					
Country of origin:					
Note: if you have lived in Australia for less than 6 months you may be required to provide a criminal history check from your country of origin.					
Principal place of business					
Is your principal place of business address the same as above					Yes / No
If no, complete below					
Business address:					
Suburb:		State:		Postcode:	
Do you use a business or trading name?					Yes / No
If yes, provide business name, business number and website below					
Business name:					
Business number:					
Website address:					
Do you intend to carry on business from more than one office?					Yes / No
If yes, complete below. If more than two other place of business, copy and attach to application.					
Details of other place of business					
Business address:					
Suburb:		State:		Postcode:	
Phone number:			Mobile number:		
Email address:					
Nature of business (select one)					
Non-profit club	Yes / No	Construction camp	Yes / No	Liquor merchant	Yes / No
Store	Yes / No	Off licence other	Yes / No	On licence other	Yes / No
Private club	Yes / No	Private hotel	Yes / No	Public hotel	Yes / No
Restaurant	Yes / No	Mobile retailer	Yes / No	Vessel	Yes / No
Tavern	Yes / No	Vehicle	Yes / No	Tobacco specialist)	Yes / No
Roadside inn (serviced)	Yes / No	Roadside inn (unserviced)	Yes / No		
Other associated licences					
Do you hold a current liquor licence?					Yes / No
If yes, please provide licence number below					
Licence number:					

Nominated managers details					
If you hold a liquor licence, you must also be the nominated manager of this tobacco licence.					
Surname:		Date of birth:			
Given name/s					
Other name/s (if applicable):					
Managers occupation:					
Residential address:					
Suburb:		State:		Postcode:	
Is your postal address the same as above? If no, complete below:					
Postal address:					
Suburb:		State:		Postcode:	
Phone number:		Mobile number:			
Email address:					
Residency					
Are you an Australian citizen?					Yes / No
If no, how long have you lived in Australia?					
Country of origin:					
Note: if you have lived in Australia for less than 6 months you may be required to provide a criminal history check from your country of origin.					
Disclosures					
Have you ever been arrested, charged, convicted or summoned for an offence (excluding spent convictions)?					Yes / No
If yes, please provide details below					
Have you ever been a defendant in a civil lawsuit for breach of duty of care?					Yes / No
If yes, please provide details below					
Have you ever been dismissed / discharged or asked to resign from any employment?					Yes / No
If yes, please provide details below					
Have you ever been the subject of any action pursuant to the provisions of bankruptcy legislation?					Yes / No
If yes, please provide details below					

Corporation/Firm officer details (If you are an individual applicant, please proceed to applicant's declaration.)					
Details of each officer of the corporation/firm (Partners/Managers/Secretary) and each person who substantially controls or could substantially control the affairs of the corporation/firm. Photocopy and complete the below sections for each officer of the firm/company if more than one.					
Surname:				Date of birth:	
Given name/s					
Other name/s: (if, applicable)					
Occupation:					
Position held:					
Director	Yes / No	Legal Officer	Yes / No	President	Yes / No
Treasurer	Yes / No	Secretary	Yes / No	Chair person	Yes / No
Vice president	Yes / No	Shareholder	Yes / No	Principle Executive Officer	Yes / No
Postal address:					
Suburb:			State:		Postcode:
Phone number:			Mobile number:		
Email address:					
Disclosures					
Have you ever been arrested, charged, convicted or summoned for an offence (excluding spent convictions)?					Yes / No
If yes, please provide details below					
Have you ever been a defendant in a civil lawsuit for breach of duty of care?					Yes / No
If yes, please provide details below					
Have you ever been the subject of any action pursuant to the provisions of bankruptcy legislation?					Yes / No
If yes, please provide details below					

Officer declaration			
I, (full name):			
Of (address):			
Solemnly and sincerely declare that:			
<ul style="list-style-type: none"> All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the <i>Oaths, Affidavits and Declarations Act 2010</i>; and I have read and understood the information contained in this application; and 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)	
Officer signature:			
Note: Under the <i>Oaths, 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.			
Applicants declaration			
I, (full name):			
Of (address):			
Solemnly and sincerely declare that:			
<ul style="list-style-type: none"> I have been appointed the nominee for the purposes of the <i>Tobacco Control Act 2002</i>, and am in bona fide control of the affairs in the Northern Territory. All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the <i>Oaths, Affidavits and Declarations Act 2010</i>; and I have read and understood the information contained in this application; and 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 <i>Oaths, 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.			
Supporting documents checklist			
Prescribed application fee – See the tobacco licences page for schedule of fees			Yes / No
Complete application and declarations signed			Yes / No
Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached for the nominated manager. For example: Australian drivers licence, international passport or evidence of age card			Yes / No
Criminal history name check results for the applicant and the nominated manager for the purpose of tobacco attached.			Yes / No
Current ASIC company extract (if applicable - issued within the last 30 days)			Yes / No
Current business name extract (if applicable - issued within the last 30 days)			Yes / No
Incorporation extract (if applicable)			Yes / No

Privacy statement

The Northern Territory Government complies with the Information Privacy Principles 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:
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