

# Application for a Tobacco Retail Licence

## ***Tobacco Control Act***

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

<b>Application for a Tobacco Retail Licence</b>			
<b>1. Type of application</b>			
This application is for a:			
Natural person (Sections 2a, 3, 4, 5, 6 and 8 of application)			<input type="checkbox"/>
Natural persons in partnership (Sections 2b, 3, 4, 5, 6 and 8 of application)			<input type="checkbox"/>
Corporation (Sections 2c, 3, 4, 5, 6, and 8 of application)			<input type="checkbox"/>
Association (Sections 2d, 3, 4, 5, 6 and 8 of application)			<input type="checkbox"/>
<b>2a. Applicant details – Natural Person</b>			
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>		
Surname			
Given name			
Residential / business address			
Postal address (all correspondence will be mailed to this address)			
Telephone		Mobile	
Email			
<b>2b. Applicant details – Partnership</b>			
Full name of each partner (if space is insufficient, please provide information as an attachment)			
1.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Surname			
Given name			
2.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Surname			
Given name			

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3.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Surname			
Given name			
4.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Surname			
Given name			
Business address			
Postal address (all correspondence will be mailed to this address)			
Telephone		Mobile	
Email			
2c. Applicant details - Corporation			
Corporation name			
ACN			
Registered Office address			
Postal address (all correspondence will be mailed to this address)			
Telephone		Mobile	
Email			
2d. Applicant details - Association			
Association name			
Association number			
Public Officer			
Business address			
Postal address (all correspondence will be mailed to this address)			
Telephone		Mobile	
Email			

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<b>3. Business details</b>			
Do you hold a current licence under the <i>Liquor Act</i> ?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please provide the liquor licence number			
Type of Tobacco Retailer			
Fixed premises <input type="checkbox"/> Mobile premises <input type="checkbox"/> Specialist tobacconist <input type="checkbox"/>			
Business name			
Business number			
Nature of business (eg supermarket, petrol station, smoko- van etc.)			
Physical location address or location of mobile premises when not in use			
Telephone		Mobile	
Email			
<b>4. Proposed Manager</b>			
If the applicant is the holder of a liquor licence the nominee of that licence <b>must</b> be the proposed manager.			
Title		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Surname			
Given name(s)			
Other names (including maiden name and alias/es)			
Date of birth (must be over 18 years)		Place of birth	
Contact address			
Telephone		Mobile	
Email			
Manager's Signature		Date	

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<b>5. Supporting documents</b>			
The following documents are required to be lodged with the application.			
Current photographic identification of applicant or authorised officer			<input type="checkbox"/>
Current company extract (if applicant is a company)			<input type="checkbox"/>
Current incorporation extract (if applicant is an Association)			<input type="checkbox"/>
Business name extract (if applicable)			<input type="checkbox"/>
Current photographic identification of proposed manager			<input type="checkbox"/>
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.			<input type="checkbox"/>
<b>6. Unattested Declaration under the <i>Oaths, Affidavits and Declarations Act</i></b>			
I (insert name)			
Of (insert address)		Postcode	
solemnly and sincerely declare that:			
<ol style="list-style-type: none"> <li>1. all statements and information contained in this application are true and correct to the best of my knowledge;</li> <li>2. I have read and understood the information contained in this application;</li> </ol>			
and I further state that:			
<ol style="list-style-type: none"> <li>3. this declaration is true and correct; and</li> <li>4. I know that it is an offence to make a declaration that is false in any material particular.</li> </ol>			
This declaration is made at (Place)		On (Date)	
Signature of Applicant			
<b>Note:</b> 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.			
<b>7. Privacy Statement</b>			
The Department of Business complies with the Information Privacy Principles scheduled to the <i>Information Act</i> .			

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<b>8. Payment options</b>			
Contact your local Territory Business Centre for the relevant schedule of fees.			
Cash - Territory Business Centre			<input type="checkbox"/>
Cheque - payable to <b>RTM (Receiver to Territory Money)</b>			<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			
<b>9. Lodgement options</b>			
Applications to be lodged at a Territory Business Centre with the <b>prescribed fee.</b>			
<b>Darwin</b> Ground Floor, Development House 76 The Esplanade Darwin GPO Box 9800 Darwin NT 0801 t (08) 8982 1700 f (08) 8982 1725 Toll free 1800 193 111 e <a href="mailto:territory.businesscentre@nt.gov.au">territory.businesscentre@nt.gov.au</a>		<b>Katherine</b> Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t (08) 8973 8180 f (08) 8973 8188 e <a href="mailto:territory.businesscentre@nt.gov.au">territory.businesscentre@nt.gov.au</a>	
<b>Tennant Creek</b> 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 <a href="mailto:territory.businesscentre@nt.gov.au">territory.businesscentre@nt.gov.au</a>		<b>Alice Springs</b> 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 <a href="mailto:territory.businesscentre@nt.gov.au">territory.businesscentre@nt.gov.au</a>	