Sex services business suitability certificate

Use this form to apply for a sex services business suitability certificate in accordance with Section 19 of the Sex Industry Act 2019. Applicants must have attained the age of 18 years.

See the operate a sex services business webpage for further information on applicant requirements.

Applicant details							
Applicant type:	Company		Firm			Individual	
If a company or firm	please compl	ete below:					
Company/Firm name	: :						
ACN:		AB	N:				
Nominee details of t	he principal c	ontact for t	he licence				
Surname:					D	ate of birth:	
Given name/s:							
Other name/s (if app	licable):						
Residential address:							
Suburb:				State:		Postcode:	
Is your postal addres	s the same as	above? If r	no, complete b	elow:			
Postal address:							
Suburb:				State:		Postcode:	
Contact details							
Phone number:			Mob	ile numbe	er:		
Email address:							
Principle place of bu	siness						
Is your principle place	e of business	address the	e same as abov	ve?			Yes / No
If no complete below	<i>ı</i> .						
Business address:							
Suburb:				State:		Postcode	::
Phone number:	Mobile number:						
Email address:							
Business name:							
Business number:	Website address:						
Do you intend to car	you intend to carry on business from more than one office? Yes / No						
If yes, fill in below. If more than one other place of business, copy and attach to application							
Details of other place of business							
Business address:							
Suburb:				State:		Postcode	e:
Phone number:			Mob	ile numbe	er:		
Email address:							

Director/Nominee/S	ecretary/Other principle officers (ph	otocopy and complete if m	nore than one on person)	
•	siness must complete a suitability ce or other principal officers.	rtificate application inclu	ding the Director,	
Surname:		Date of birt	h:	
Given name/s:		·		
Other name/s (if appli	icable):			
Position held:	Director N	Iominee 🗆 S	Secretary \square	
	Principle officer \Box C	ther \square		
Postal address:				
Suburb:		State:	Postcode:	
Contact details				
Phone number:	Мо	obile number:		
Email address:		'		
Disclosures				
Have you in the last 1	10 years been found guilty of a relev	ant offence(s)?	Yes / No	
If yes, quote the offence(s), relevant date(s), jurisdiction(s) and sentence(s) below.				
Have you been convicted in the last 10 years of committing or attempting to commit an offence against the <i>Sex Industry Act 2019</i> ? Yes / No				
If yes, provide details	below:			
Have you been an executive officer of a body corporate when the body corporate was found guilty of an indictable offence against the <i>Fair Work Act 2009</i> (Cth) or against a Yes / No work health and safety law?				
If yes, provide details	below:			
bankrupt or insolvent	red bankrupt, applied to take the ber t debtors or compounded with credit son's remuneration for their benefit?	ors or made an assignme		
If yes, provide details	below:			



Have you had a suitability certificate previously issued under the Act, or a similar certificate issued in another jurisdiction(s), revoked?	Yes / No		
If yes, provide details below:			
Have you been known by any other names?	Yes / No		
	1637 110		
If yes, provide details below:			
Director/Nominee/Secretary/Other principle officers declaration			
I, (full name):			
Of (address):			
Solemnly and sincerely 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 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; and
- I hereby consent to all probity investigations carried out by the authorised officers of Occupational Licensing to verify the information provided by me and to determine my suitability to hold the licence for which I have applied. I agree that such inquiries may be made before and after the issue of a licence.

This declaration is ma	ade at: (location)	on: (date)	
Officer signature:			

Note: Under the *Oaths*, *Affidavits and Declarations Act 2010* 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.



Nominee declaration				
I, (full name):				
Of (address):				
Solemnly and sincerely declare that:				
• I am the appointed nominee of the business for the purposes of the Sex Industry Act 2019, and am in bona fide control of the affairs of the business 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 Oaths, Affidavits and Declarations Act 2010; and 				
I have read and understood the	e information contained in this applicati	on; and		
The declaration is true and corr	rect; and			
I know that it is an offence to r	nake a declaration that is false in any m	aterial partic	ular; and	
• I hereby consent to all probity investigations carried out by the authorised officers of Occupational Licensing to verify the information provided by me and to determine my suitability to hold the licence for which I have applied. I agree that such inquiries may be made before and after the issue of a licence.				
This declaration is made at: (location)		on: (date)		
Nominee 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.				
Supporting documents checklist				
Prescribed application fee attached (pl for an operator suitability certificate.)	us an additional fee for each person wis	shing to apply	У	
Completed application and signed declaration				
Current photo ID for each person of the business attached – i.e. Passport, Australian driver's licence or evidence of age card			r's \square	
Criminal name check results for <u>each</u> p	person of the business attached.		П	
Note: Criminal history results can take up to 6 weeks to be processed by SAFE NT.				
Current business name extract attached (if applicable)				
Privacy statement				
The Northern Territory Government of Information Act 2002.	omplies with the Information Privacy P	rincipals sche	eduled by the	



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.

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:

