

# Declaration of associates

## In line with section 54 the Liquor Act 2019

### Who should complete this declaration?

If the applicant is a body corporate:

- the body corporate must complete Part A: declaration of associates – body corporate; and
- each director of the body corporate must also complete a separate Part B: declaration of associates – individual.

If the applicant is an individual, the individual must complete Part B: declaration of associates – individual.

If the applicant is a partnership, each partner must complete a separate Part B: declaration of associates – individual.

The Liquor Commission will consider whether your declared associates are fit and proper people to be associates of a liquor licence holder.

#### Part A: Declaration of associates – body corporate

**Associates that are executive officers of the body corporate or persons who hold a controlling interest in the body corporate, namely in a position to control at least 15% of the voting power or holding an interest in at least 15% of the issued shares in the body corporate.**

Complete the below information for each associate.

<b>Name of body corporate making the declaration</b>			
<b>Associate 1</b>			
<b>Full name</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Associate 2</b>			
<b>Full name</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Associate 3</b>			
<b>Full name</b>		<b>Date of birth</b>	
<b>Address</b>			

<b>Associate 4</b>			
<b>Full name</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Associate 5</b>			
<b>Full name</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Associate 6</b>			
<b>Full name</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Declaration</b>			
I declare that the information in this form is true and correct and I am authorised to sign this declaration of behalf of the body corporate.			Yes / No
<b>Name of person making the declaration</b>			
<b>Position of person making the declaration</b>			
<b>Signature of person making the declaration</b>		<b>Date</b>	
<b>Name of witness</b>			
<b>Signature of witness</b>		<b>Date</b>	
<b>Part B: Declaration of associates - individual</b>			
<b>Name of person making the declaration</b>			
<b>Relationship to applicant</b> (e.g. director of body corporate, individual applicant)			

Declaration of associates - relatives			
<b>Relative 1</b>			
<b>Full name</b>			
<b>Relationship to applicant</b> (e.g. spouse, parent, sister, child)		<b>Date of birth</b>	
<b>Address</b>			
<b>Relative 2</b>			
<b>Full name</b>			
<b>Relationship to applicant</b> (e.g. spouse, parent, sister, child)		<b>Date of birth</b>	
<b>Address</b>			
<b>Relative 3</b>			
<b>Full name</b>			
<b>Relationship to applicant</b> (e.g. spouse, parent, sister, child)		<b>Date of birth</b>	
<b>Address</b>			
<b>Relative 4</b>			
<b>Full name</b>			
<b>Relationship to applicant</b> (e.g. spouse, parent, sister, child)		<b>Date of birth</b>	
<b>Address</b>			
<b>Relative 5</b>			
<b>Full name</b>			
<b>Relationship to applicant</b> (e.g. spouse, parent, sister, child)		<b>Date of birth</b>	
<b>Address</b>			

<b>Relative 6</b>			
<b>Address</b>			
<b>Full name</b>			
<b>Relationship to applicant</b> (e.g. spouse, parent, sister, child)		<b>Date of birth</b>	
<b>Declaration of associates - employment</b>			
<b>Employment associate 1</b>			
<b>Full name</b>			
<b>Relationship to applicant</b> (e.g. employee, nominee, employer)		<b>Date of birth</b>	
<b>Address</b>			
<b>Employment associate 2</b>			
<b>Full name</b>			
<b>Relationship to applicant</b> (e.g. employee, nominee, employer)		<b>Date of birth</b>	
<b>Address</b>			
<b>Employment associate 3</b>			
<b>Full name</b>			
<b>Relationship to applicant</b> (e.g. employee, nominee, employer)		<b>Date of birth</b>	
<b>Address</b>			
<b>Employment associate 4</b>			
<b>Full name</b>			
<b>Relationship to applicant</b> (e.g. employee, nominee, employer)		<b>Date of birth</b>	
<b>Address</b>			

<b>Employment associate 5</b>			
<b>Full name</b>			
<b>Relationship to applicant</b> (e.g. employee, nominee, employer)		<b>Date of birth</b>	
<b>Address</b>			
<b>Declaration of associates – business partner/s</b>			
<b>Business partner 1</b>			
<b>Full name</b>			
<b>Relationship to applicant</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Business partner 2</b>			
<b>Full name</b>			
<b>Relationship to applicant</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Business partner 3</b>			
<b>Full name</b>			
<b>Relationship to applicant</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Declaration of associates – other</b>			
<b>Associate - other 1</b>			
<b>Full name</b>			
<b>Relationship to applicant</b>		<b>Date of birth</b>	
<b>Address</b>			

<b>Associate - other 2</b>			
<b>Full name</b>			
<b>Relationship to applicant</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Associate - other 3</b>			
<b>Full name</b>			
<b>Relationship to applicant</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Associate - other 4</b>			
<b>Full name</b>			
<b>Relationship to applicant</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Associate - other 5</b>			
<b>Full name</b>			
<b>Relationship to applicant</b>		<b>Date of birth</b>	
<b>Address</b>			
<b>Declaration</b>			
<b>I declare that the information in this form is true and correct and I am authorised to sign this declaration.</b>			<b>Yes / No</b>
<b>Name of person making the declaration</b>			
<b>Position of person making the declaration</b>			
<b>Signature of person making the declaration</b>		<b>Date</b>	
<b>Name of witness</b>			
<b>Signature of witness</b>		<b>Date</b>	

## Privacy statement

### For the applicant:

You have been asked to provide personal information as part of this application. You do not have to provide us with your personal information but if you choose not to, we might not be able to accept or process your application, or your application may be refused. As part of this application, you are also providing personal information about other persons ('third parties').

Please ensure that you let all third parties know that you are providing their information as part of your application, and ensure they are aware of the information set out below.

### For the applicant and third parties:

We collect and use your personal information to process and manage this application (and, if approved, any subsequent licence/registration) under the *Liquor Act 2019*. Third party information is required by law to enable consideration of the applicant's suitability to hold a licence / registration. If the applicant does not provide this information, it may affect their ability to obtain and maintain a licence / registration.

We may share your information with the Liquor Commission, NT Police, Fire and Emergency Services, local council, the Department of Health and/or other authorities or people, but only if we are required or authorised by law to do so. We will also not use your personal information unless that use is required or authorised by law. You have a right to access the information we hold about you. To learn more about this, or if you would like to access or correct the information we hold about you or make a privacy complaint about us, visit the Department of Industry, Tourism and Trade website:

<https://industry.nt.gov.au/publications/business/policies/privacy-policy>

To specifically discuss how your information is used and shared by Licensing NT, you can call us on 08 8999 1800 or email us at [ditt.lrascompliedwn@nt.gov.au](mailto:ditt.lrascompliedwn@nt.gov.au).