

# Application for a Licence as a Pawnbroker and/or Second Hand Dealer

## 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 Pawnbroker and/or Second Hand Dealer			
<b>1. Type of Application</b>			
How will the business be structured?	Natural person (Sections 2a, 3, 4, 5, 6, 8 and 9 of application)	<input type="checkbox"/>	
	Natural persons in partnership (Sections 2b, 3, 4, 5, 6, 8 and 9 of application)	<input type="checkbox"/>	
	Corporation (Sections 2c, 3, 4, 5, 6, 8 and 9 of application)	<input type="checkbox"/>	
Category of Licence	Pawnbroker	<input type="checkbox"/>	
	Second Hand Dealer	<input type="checkbox"/>	
	Pawnbroker and Second Hand Dealer	<input type="checkbox"/>	
Term of licence you are applying for:		1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 3 Years <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"/>		
Full name			
Date of Birth			
Street address			
Postal address (all correspondence will be mailed to this address)			
Telephone		Mobile	
Facsimile		Email	

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<b>2b. Applicant details - Partnership</b>			
Full name of each partner (if space is insufficient, please provide information as an attachment)			
a.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Full name			
b.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Full name			
c.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Full name			
d.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Full name			
Business address			
Postal address (all correspondence will be mailed to this address)			
Telephone		Mobile	
Facsimile		Email	
<b>2c. Applicant details - Corporation</b>			
Corporation name			
ACN			
Registered Office address			
Postal address (all correspondence will be mailed to this address)			
Telephone		Mobile	
Facsimile		Email	
Full name of each director (if space is insufficient, please provide information as an attachment)			
a.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Full name			
b.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Full name			
c.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Full name			
d.	Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
Full name			

<b>Application for a Licence as a Pawnbroker and/or Second Hand Dealer</b>			
<b>3. Business details</b>			
Business name			
Business number			
Date of Registration			
Business address			
Storage premises			
Name of Manager			
Date of Birth		Place of Birth	
Residential address of manager			
Telephone		Mobile	
Email			
<b>3a. Details of other places of business</b>			
Does the applicant intent to carry on business from more than one location?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If <b>yes</b> , please provide the following details for <b>each</b> location 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			
Business address			
Storage premises			
Name of Manager			
Date of Birth		Place of Birth	
Residential address of manager			
Telephone		Mobile	
Email			
<b>4. Referees</b>			
Full Name			
Address			
Occupation			
Full Name			
Address			
Occupation			

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<b>5. Disclosure</b>	
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. With respect to any person associated with this application, has he/she:	
1. Ever been convicted, fined or disqualified by any Court, Tribunal, Board or other Authority in respect of any business or other dealings in the Northern Territory or elsewhere or been a member of a company so dealt with?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Been convicted of an offence(s) involving dishonesty, fraud, stealing in the 10 years preceding the date of application? If yes, please provide the relevant date(s), jurisdictions(s) and sentence(s).	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Been declared bankrupt or assigned the person's estate for the benefit of his or her creditors? If yes, please give date(s) and jurisdiction(s).	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Held a position as secretary or director in any company which has been wound up or placed under a receiver or official manager, or which has entered into a scheme or arrangement with its creditors?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Been known by any other name?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>6. Supporting documents</b>	
The following documents are required to be lodged with this application.	
Current company extract (in case of a Corporation)	<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 pawnbroker and/or second hand dealer or manager.	<input type="checkbox"/>
Statements relating to the material and financial resources of the applicant(s). In the case of a new corporation provide details of the material and financial resources of each applicant director.	<input type="checkbox"/>
A description of the proposed business operations or a business plan.	<input type="checkbox"/>
Proof of ownership, copy of lease of premises or letter of consent/approval of owner to run a pawnbroker/second hand dealership at the nominated address.	<input type="checkbox"/>
Details of secure storage area for proposed pawnbrokers goods.	<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 pawnbroker/second hand dealer. (Refer to the pro forma advertisement at the end of the form.)	<input type="checkbox"/>
<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. Unattested Declaration under the <i>Oaths, Affidavits and Declarations Act</i></b>			
I (insert name):			
Of (insert address):		Postcode	
solemnly and sincerely declare that:			
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:			
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			
<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>9. 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			

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<b>10. Lodgement options</b>	
Applications to be lodged at a Territory Business Centre with the prescribed fee.	
<p><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></p>	<p><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></p>
<p><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></p>	<p><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></p>

## Application for a Licence as a Pawnbroker and/or Second Hand Dealer

Pro forma Advertisement:

Notice is hereby given of an application for a:

- Pawnbroker Licence;
- Second Hand Dealer Licence; or
- Pawnbroker & Second Hand Dealer Licence

Name of Applicant:

Director/s:

Trading Name/s:

Trading Location/s:

Storage Location (only if differs from trading location):

Objections to the above application on the basis that the applicant is not a fit and proper person, shall be made in writing, and shall clearly state the basis for objection.

Closing date for objections is 28 days from the date the advertisement is published.  
A notice of objection may be sent in a sealed envelope marked "Confidential" to:

The Commissioner of Consumer Affairs  
GPO Box 1154  
Darwin NT 0801