

# Application for Declaration of Restricted Premises

## Liquor Act Section 101C

Application for declaration of restricted premises			
<b>1. Notes to application</b>			
1) To assist the Director-General of Licensing or his representative with its deliberation of this application, they may request additional information from you or your representative.			
2) Occupiers of the residence aged 18 years and over must sign and consent to the application.			
3) Applications for Northern region premises must be lodged either via facsimile on (08) 8999 7498 or via email to <a href="mailto:LRASComplianceDWN.DOB@nt.gov.au">LRASComplianceDWN.DOB@nt.gov.au</a> . For Southern region premises, either via facsimile on (08) 8951 5112 or via email to <a href="mailto:LRASComplianceASP.DOB@nt.gov.au">LRASComplianceASP.DOB@nt.gov.au</a> .			
<b>2. Application details</b>			
Full name of Applicant and (if applicable) the Applicants representative:			
Applicant is	Owner <input type="checkbox"/> Occupier/Tenant <input type="checkbox"/> Other interested party <input type="checkbox"/>		
Address of Applicant			
Postal Address			
Telephone		Facsimile	
Email			
Location/Address of Proposed Restricted Premises (street name, number, suburb, town, lot number, etc.)			
Describe boundary of area to be declared as restricted, e.g. whole of premises or specified part of premises, clear boundary fence, unit level, porch/veranda, front or rear courtyard. (attach an illustrated plan if appropriate)			
Reason for seeking alcohol restriction on premises (attach additional pages if required)			
How many other occupiers/tenants will be affected by the declaration? (including those under 18 years)			
Name of Owner and Owner's representative (if not			

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the applicant)			
Address			
Telephone		Facsimile	
Email			
Have you advised the owner of this application?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. Declaration under the <i>Oaths, Affidavits and Declarations Act</i></b>			
I, (insert full name)			
Of (insert address)			
solemnly and sincerely declare that:			
<ol style="list-style-type: none"> <li>1. I have fully disclosed the information required to complete this application and that 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>			
Signature of Applicant/ Representative		Date	
In the presence of			
Signature of witness		Date	
Full name of witness		Witness phone number	
Name and Signature of additional Occupiers/Tenants			
Name:		Signature:	Date:
Name:		Signature:	Date:
<b>Note:</b> This declaration may be witnessed by any person who is at least 18 (eighteen) years of age. This written statutory declaration must comply with Part 4 of the <i>Oaths Affidavits and Declarations Act</i> . Making a declaration knowing it is false in a material particular is an offence for which you may be fined or imprisoned.			

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<b>4. Office use only</b>			
Date received			
Occupier(s) consulted Majority consent (if required)	Attachment A <input type="checkbox"/>		
Owner consulted	Attachment B <input type="checkbox"/>		
Police consulted	Attachment C <input type="checkbox"/>		
Interested person consulted. Public interest, particularly having regard to the object of this Act in relation to the consumption of liquor has been considered.	N/A <input type="checkbox"/> Attachment D <input type="checkbox"/>		
Verify description of premises			
Site visited	Yes <input type="checkbox"/>	Date of site visit	
Title Search attached	Attachment E <input type="checkbox"/>		
Lease document attached	Attachment F <input type="checkbox"/>		
Recommendation:	Approve <input type="checkbox"/> Not approve <input type="checkbox"/>		
Name and signature of Inspector in support of recommendation		Date:	
Application submitted to Delegate of the Director-General of Licensing on (insert date)		Date:	
Name and signature of Delegate of the Director-General of Licensing:		Date:	
Declared <input type="checkbox"/> Not Declared <input type="checkbox"/>			
Sign installed (within 14 days):			Date:

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**5. Notice In Accordance with the Information Act  
(Information Privacy Principle 1)**

Licensing, Regulation and Alcohol Strategy (LRAS – a division of NT Department of Business) is seeking information from you for the purposes of your application.

Information Privacy Principle 1 (IPP 1) requires that a public sector organisation must not collect personal information unless the information is necessary for one or more of its functions or activities. If personal information about an individual is collected from the individual, the organisation must take reasonable steps to ensure that the individual is aware of certain matters. For the purposes of IPP 1, the following advice is provided.

- a) You are able to access your personal information that you have provided by making a written request to the Director-General of Licensing.
- b) The information is required pursuant to the *Liquor Act*. The *Act* requires that certain matters must be considered when deciding whether or not to approve an application.
- c) The information will be kept confidential except as follows:
  - i. Information may be sought from Police, government agencies, interstate licensing authorities, or referees or other persons nominated by you. Information may be released to those sources to the extent necessary to verify information about you and your application.
  - ii. Registers of licences and permits will be maintained and may be made available to the public on request.
- d) You do not have to provide information if you do not wish to do so. However, an application may not be approved if there is insufficient information to properly determine the matter in accordance with the *Act*.