

Application to transfer a tobacco licence

Use this form to apply for a licence to sell tobacco related products in accordance with Section 36 of the *Tobacco Control Act 2002*.

You must be over the age of 18 years to apply. Refer to the [tobacco licences](#) webpage for conditions and other relevant information.

Outgoing licensee details (Transferor)					
This licence is held by a					
Individual	Yes / No	Firm (partnership/association)	Yes / No	Corporation	Yes / No
Licensee name					
Licence number		Licence expiry			
Address					
Suburb		State		Postcode	
Licence class (select one)					
Tobacco retail licence	Yes / No	Specialist tobacconist	Yes / No		
Incoming applicant details (complete section that is applicable)					
Individual					
Surname		Date of birth			
Given name/s					
ACN		ABN			
Corporation					
Corporation name					
ACN		ABN			
Firm					
Firm type	Partnership	Yes / No	Association	Yes / No	
Full firm name					
If the firm is an incorporated association provide the incorporation number below.					
Incorporation number					
ACN		ABN			
Trading / Business name					
ASIC registered business name					
Address details					
Business address					
Suburb		State		Postcode	
Is your postal address the same as above? If no, complete below.					
Postal address					
Suburb		State		Postcode	

Contact details					
Phone number		Mobile number			
Email address					
Do you agree to receive correspondence via email?					Yes / No
Residency (individual only)					
Are you an Australian citizen?					Yes / No
If no, how long have you lived in Australia?					
Country of origin					
Note: if you have lived in Australia for less than 6 months you may be required to provide a criminal history check from your country of origin.					
Principal place of business					
Is your principal place of business address the same as above					Yes / No
If no, complete below.					
Business address					
Suburb		State		Postcode	
Do you use a business or trading name?					Yes / No
If yes, provide business name, business number and website below					
Business name					
Business number					
Website address					
Do you intend to carry on business from more than one office?					Yes / No
If yes, complete below. If more than two other places of business, copy and attach to application.					
Other place of business details					
Business address					
Suburb		State		Postcode	
Phone number		Mobile number			
Email address					
Nature of business (select one)					
Non-profit club	Yes / No	Construction camp	Yes / No	Liquor merchant	Yes / No
Store	Yes / No	Off licence other	Yes / No	On licence other	Yes / No
Private club	Yes / No	Private hotel	Yes / No	Public hotel	Yes / No
Restaurant	Yes / No	Mobile retailer	Yes / No	Vessel	Yes / No
Tavern	Yes / No	Vehicle	Yes / No	Tobacco specialist	Yes / No
Roadside inn (serviced)	Yes / No	Roadside inn (unserviced)	Yes / No		

Other associated licences				
Do you hold a current liquor licence?				Yes / No
If yes, please provide licence number below.				
Licence number				
Nominated manager details				
If you hold a liquor licence, you must also be the nominated manager of this tobacco licence.				
Surname			Date of birth	
Given name/s				
Other name/s (if applicable)				
Managers occupation				
Residential address				
Suburb		State		Postcode
Is your postal address the same as above? If no, complete below.				
Postal address				
Suburb		Suburb		Suburb
Phone number		Phone number		
Email address				
Nominated manager residency				
Are you an Australian citizen?				Yes / No
If no, how long have you lived in Australia?				
Country of origin				
Note: if you have lived in Australia for less than 6 months you may be required to provide a criminal history check from your country of origin.				
Nominated manager disclosures				
Have you ever been arrested, charged, convicted, or summoned for an offence (excluding spent convictions)?				Yes / No
If yes, please provide details below.				
Have you ever been a defendant in a civil lawsuit for breach of duty of care?				Yes / No
If yes, please provide details below.				

Have you ever been dismissed / discharged or asked to resign from any employment?	Yes / No
If yes, please provide details below.	
Have you ever been the subject of any action pursuant to the provisions of bankruptcy legislation?	Yes / No
If yes, please provide details below.	
Applicants consent for document verification	
We will verify your identity against existing government records using the ID Match Document Verification Service. This service encrypts your information during verification. You can find out more about the service on the ID Match website - https://www.idmatch.gov.au .	
I confirm that I am authorised to provide the personal details presented and I consent to the document details I've provided as evidence of identity to be checked with the relevant government agency via the Document Verification Service.	Yes / No
Application declaration	
I, (full name)	
Of (address)	
Solemnly and sincerely declare that:	
<ul style="list-style-type: none"> • I have been appointed the nominee for the purposes of the <i>Tobacco Control Act 2002</i>, and am in bona fide control of the affairs 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 <i>Oaths, Affidavits and Declarations Act 2010</i>; 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. 	
This declaration is made at (location)	on (date)
Current (transferor) licensee signature	
Proposed (transferee) licensee signature	
Note: Under the <i>Oaths, 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.	

Corporation/Firm officer details (If there are multiple officers, copy and attach pages 5-7 to this application)					
Details of each officer of the corporation/firm (Directors/Partners/Managers/Secretary) and each person who substantially controls or could substantially control the affairs of the corporation/firm.					
Surname				Date of birth	
Given name/s					
Other name/s (if, applicable)					
Occupation					
Position held					
Director	Yes / No	Legal Officer	Yes / No	President	Yes / No
Treasurer	Yes / No	Secretary	Yes / No	Chairperson	Yes / No
Vice president	Yes / No	Shareholder	Yes / No	Principle Executive Officer	Yes / No
Postal address					
Suburb			Suburb		Suburb
Phone number			Phone number		
Email address					
Officer disclosures					
Have you ever been arrested, charged, convicted, or summoned for an offence (excluding spent convictions)?					Yes / No
If yes, please provide details below.					
Have you ever been a defendant in a civil lawsuit for breach of duty of care?					Yes / No
If yes, please provide details below.					
Have you ever been the subject of any action pursuant to the provisions of bankruptcy legislation?					Yes / No
If yes, please provide details below.					
Officer consent for document verification					
We will verify your identity against existing government records using the ID Match Document Verification Service. This service encrypts your information during verification. You can find out more about the service on the ID Match website - https://www.idmatch.gov.au .					
I confirm that I am authorised to provide the personal details presented and I consent to the document details I've provided as evidence of identity to be checked with the relevant government agency via the Document Verification Service.					Yes / No

Officer declaration			
I, (full name)			
Of (address)			
Solemnly and sincerely declare that:			
<ul style="list-style-type: none"> • 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 consent to the Director making inquiries and the exchange of information with the authorities of other Australian states, territories, or New Zealand regarding my activities in the security industry and associated occupations, or otherwise regarding matters relevant to this application; 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. 			
This declaration is made at (location)		on (date)	
Officer signature			
<p>Note: Under the <i>Oaths, 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.</p>			

Supporting documents checklist	
Prescribed application fee – See the tobacco licences page for schedule of fees	Yes / No
Complete application and declarations signed	Yes / No
Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached for each person associated with the application. For example: Driver's licence, passport, evidence of age card, firearms licence, working with children's card.	Yes / No
Criminal history name check results for the applicant and the nominated manager for the purpose of tobacco attached.	Yes / No
Current ASIC business name extract (if applicable - issued within the last 30 days)	Yes / No
Current ASIC company extract (if applicable – issued within the last 30 days)	Yes / No
Incorporation extract (if applicable)	Yes / No
Privacy statement	
<p>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 <i>Northern Territory Information Act 2002</i>.</p> <p>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.</p> <p>The information you provide will be accessible to the Territory Business Centre and 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.</p> <p>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 <i>Northern Territory Information Act 2002</i>, or the Office of the Information Commissioner NT.</p>	
Lodgement	
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
Tennant Creek	Barkly Business Hub, 63 Haddock Street
Alice Springs	Ground Floor, The Green Well Building, 50 Bath Street
1800 193 111	territorybusinesscentre@nt.gov.au GPO Box 9800 Darwin NT 0801
Payment details	
<p>A fee is payable on lodgement of this application form. Payment can be made by:</p> <ul style="list-style-type: none"> • 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. 	