|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | |
| Pursuant to section 170AB of the *Liquor Act 2019 (NT)* | | | | | | | |
| * Type your answers or use clear, printed writing. * Attach extra documents if your answer/s don’t fit into the space provided. * If you need help with your application, call Licensing NT on 08 8999 1800 or email [InterimAPA.Enquiries@nt.gov.au](mailto:InterimAPA.Enquiries@nt.gov.au).  Before you apply You must also attach supporting documents including:   * a statement of support and signed consent by the registered owner of any land in the area to which the request applies. * a copy of the Community Alcohol Plan for the area. * evidence that the community alcohol plan is supported by at least 60% of the adults who reside in the area. | | | | | | | |
| **Please satisfactorily complete all fields, failure to do so will prevent the processing of this application and it may be rejected as a result** | | | | | | | |
| Section 1 – Application details | | | | | | | |
| Name of the area you request be revoked as an interim alcohol protected area? | | | | |  | | |
| What other names is the area known by? | | | | |  | | |
| **Section 2 - Your personal information** | | | | | | | |
| Full name | |  | | | | | |
| Address | |  | | | | | |
| Email | |  | | | | | |
| Phone | |  | | Facsimile | |  | |
| Signature | |  | | Date | |  | |
| Do you live in the area permanently? | | | | |  | | |
| What is your interest or connection to this area? | | | | |  | | |
| **Section 3 – Consent of the registered owner of the area** | | | | | | | |
| **This is to be completed by a person approved to make this declaration on behalf of the owner of the area** | | | | | | | |
| Full name | |  | | | | | |
| Address | |  | | | | | |
| Email | |  | | | | | |
| Phone | |  | | Facsimile |  | | |
| Signature | |  | | Date |  | | |
| Nature of your authority to act on behalf of the owner of the area | | | | |  | | |
| Name of the area for this application? | | | | |  | | |
| What is your interest or connection to this area? | | | | |  | | |
| Section 3 – Supporting documents | | | | | | | |
| **Please attach materials in support of this application, failure to do so will prevent processing** | | | | | | | |
| Detailed description of the area to be declared including copy of title or lease | | | | | | |  |
| Map of the area to be declared clearly identifying boundaries | | | | | | |  |
| A copy of the Community Alcohol Plan for the area | | | | | | |  |
| Evidence that the Community Alcohol Plan is supported by at least 60% of the adults who reside in the area  *The applicant may wish to engage the Northern Territory Electoral Commission to conduct a ballot of the community* | | | | | | |  |
| The Director may request the applicant to provide any additional information the Director requires to make a decision on the application | | | | | | | |
| Section 4 – OFFICE USE ONLY | | | | | | | |
| Date application received (complete) | | | | | | |  |
| Signed consent from owner | | | | | | |  |
| Consulted with NT Police, NT Health and other local health service providers | | | | | | |  |
| Application approved or refused or partially approved | | | | | | |  |
| Date of decision | | | | | | |  |
| Signature of Director | | |  | | | | |
| Publication date on Director’s website | | | | | | |  |
| **Notes and comments by the Director in relation to the declaration** | | | | | | | |
| Conditions and comments | |  | | | | | |
| Privacy statement 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.  We collect and use your personal information to process and manage this application (and, if approved, any subsequent permit) under the *Liquor Act 2019*. If you do not provide this information, it may affect your ability to obtain and maintain a permit.  We may get information from and/or share your information with the Liquor Commission, NT Police, Fire and Emergency Services, local council and local health service providers, the NT 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 [nt.gov.au](https://business.nt.gov.au/publications/policies/privacy-policy). To specifically discuss how your information is used and shared by Licensing NT, you can contact us on 08 8999 1800 or [ditt.lrascompliancedwn@nt.gov.au](mailto:ditt.lrascompliancedwn@nt.gov.au). | | | | | | | |
| End of form | | | | | | | |