|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Approved form under section 191 of the *Liquor Act 2019* Before you fill in the form Type your answers or use clear, printed writing.  Attach extra pages if your answer/s don’t fit into the space provided.  All occupants/tenants of the premises who are over 18 years must sign and consent to the application.  Licensing NT might ask you or your representative for more information, if needed to make a decision about your application.  If you need help with your application, call Licensing NT on 08 8999 1800 or email [agd.lrascompliancedwn@nt.gov.au](mailto:agd.lrascompliancedwn@nt.gov.au). | | | | | | |
| Fields marked with asterisk (\*) are mandatory. | | | | | | |
| Your personal information | | | | | | |
| Your full name\* | |  | | | | |
| Full name of the person you are representing (if applicable) | |  | | | | |
| Postal address\* |  | | | | | |
| Phone\* |  | | Fax |  | | |
| Email\* |  | | | | | |
| Are you/the applicant the owner of the property?\* | | | | | | Yes / No |
| If no, write the owner’s full name here | |  | | | | |
| If no, write the owner’s phone number here | |  | | | | |
| If no, write the owner’s address here | |  | | | | |
| If no, write the owner’s email address here | |  | | | | |
| If no, have you advised the owner of this application? | | | | | | Yes / No |
| Are you/the applicant an occupier or tenant of the property?\* | | | | | | Yes / No |
| Are you/the applicant another interested party? \* | | | | | | Yes / No |
| If yes, explain what your interest is | |  | | | | |
| Application details | | | | | | |
| Location/address of proposed restricted area\* | |  | | | | |
| Describe the boundary of the area to be restricted, e.g. the whole premises, the house/unit only, yard only, unit level, porch/verandah, front or back courtyard\* | |  | | | | |
| Explain why you want the premises to be restricted (attach extra pages if you need to)\* | |  | | | | |
| How many other occupiers/tenants will be affected if the premises is restricted?\* | | | | |  | |
| Declaration under the *Oaths, Affidavits and Declarations Act 2010* | | | | | | |
| I, (insert full name)\* |  | | | | | |
| Of (insert address)\* |  | | | | | |
| **Solemnly and sincerely declare that:**   1. I have fully disclosed the information needed to complete this application and that all statements and information contained in this application are true and correct to the best of my knowledge; 2. I have read and understood the information in this application; 3. I have read the privacy statement at the end of this form and I have made reasonable efforts to make all third parties aware of the information in the privacy statement.   **And I further state that:**   1. This declaration is true and correct; and 2. I know that it is an offence to make a declaration that is false in any material particular, for which I may be fined or imprisoned. | | | | | | |
| Signature of applicant / representative\* |  | | | **Date**\* | |  |
| In the presence of (insert full name of witness who is 18 years or older)\* |  | | | | | |
| Signature of witness\* |  | | | **Date**\* | |  |
| Name/s and signature/s of other occupier/s or tenant/s\* (attach extra pages if you need to) | | | | | | |
| Full name of occupant/tenant |  | | | | | |
| Signature of occupant/tenant |  | | | **Date** | |  |
| Full name of occupant/tenant |  | | | | | |
| Signature of occupant/tenant |  | | | **Date** | |  |
| Privacy statementFor 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 nt.gov.au[[1]](#footnote-1). To specifically discuss how your information is used and shared by Licensing NT, you can contact us on 08 8999 1800 or [agd.lrascompliancedwn@nt.gov.au](mailto:agd.lrascompliancedwn@nt.gov.au). Further information Email your completed form to [agd.lrascompliancedwn@nt.gov.au](mailto:agd.lrascompliancedwn@nt.gov.au) or fax it to 08 8999 7498. | | | | | | |
| End of form | | | | | | |

1. <https://justice.nt.gov.au/access-to-information> [↑](#footnote-ref-1)