***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** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Type of Application** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How will the business be structured? | | | | | | | Natural person (Sections 2a, 3, 4, 5, 6, 8 and 9 of application)  Natural persons in partnership (Sections 2b, 3, 4, 5, 6, 8 and 9 of application)  Corporation (Sections 2c, 3, 4, 5, 6, 8 and 9 of application) | | | | | | | | | | | | | | | | | | | |
| Category of Licence | | | | | | | Pawnbroker  Second Hand Dealer  Pawnbroker and Second Hand Dealer | | | | | | | | | | | | | | | | | | | |
| Term of licence you are applying for: | | | | | | | | | | | | | 1 Year  2 Years  3 Years | | | | | | | | | | | | | |
| **2a. Applicant details – Natural Person** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title | | | | | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | |
| Full name | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Street address | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Postal address  (all correspondence will be mailed to this address) | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | | |  | | | | | | Mobile |  | | | | | | | | | | | | |
| Facsimile | | | | | | |  | | | | | | Email |  | | | | | | | | | | | | |
| **2b. Applicant details - Partnership** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name of each partner (if space is insufficient, please provide information as an attachment) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. | Title | | | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | |
| Full name | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| b. | Title | | | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | |
| Full name | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| c. | Title | | | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | |
| Full name | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| d. | Title | | | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | |
| Full name | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Business address | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Postal address  (all correspondence will be mailed to this address) | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Telephone | | | | | |  | | | | | Mobile | | | |  | | | | | | | | | | | |
| Facsimile | | | | | |  | | | | | Email | | | |  | | | | | | | | | | | |
| **2c. Applicant details - Corporation** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | | | |
| Full name | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| b. | | Title | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | | |
| Full name | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| c. | | Title | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | | | |
| Full name | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| d. | | Title | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | | | | | | | | | | | |
| Full name | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **3. Business details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **3a. Details of other places of business** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the applicant intent to carry on business from more than one location? | | | | | | | | | | | | | | | | | | | Yes | | | | | | | No |
| If **yes**, please provide the following details for **each** 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 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **4. Referees** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **5. Disclosure** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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  No | | | | | |
| 1. 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  No | | | | | |
| 1. 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  No | | | | | |
| 1. 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  No | | | | | |
| 1. Been known by any other name? | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | |
| **6. Supporting documents** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The following documents are required to be lodged with this application. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current company extract (in case of a Corporation) | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Business name extract (as applicable) | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| A description of the proposed business operations or a business plan. | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Details of secure storage area for proposed pawnbrokers goods. | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 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.) | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **7. Privacy Statement** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Department of Business complies with the Information Privacy Principles scheduled to the *Information Act.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. Unattested Declaration under the *Oaths, Affidavits and Declarations Act*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 *Consumer Affairs and Fair Trading* Act 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:   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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration is made at  (Place) | | | | | | | | |  | | | | | | | On (Date) | |  | | | | | | | | |
| Signature of Applicant | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Note:** 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. Payment options** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact your local Territory Business Centre for the relevant schedule of fees. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cash - Territory Business Centre | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Cheque - payable to **RTM (Receiver to Territory Money)** | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Credit card | | | | | | | | Visa  MasterCard | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **10. Lodgement options** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applications to be lodged at a Territory Business Centre with the prescribed fee. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Darwin**  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 territory.businesscentre@nt.gov.au | | | | | | | | | | | | **Katherine**  Shop 1, Randazzo Building  18 Katherine Terrace  Katherine  PO Box 9800  Katherine NT 0851  t (08) 8973 8180  f (08) 8973 8188  e [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au) | | | | | | | | | | | | | | |
| **Tennant Creek**  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 [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au) | | | | | | | | | | | | **Alice Springs**  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 [territory.businesscentre@nt.gov.au](mailto:territory.businesscentre@nt.gov.au) | | | | | | | | | | | | | | |

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