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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | |
| Approved form under section 191 of the Liquor Act 2019  * 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 [LiquorLicensing.DITT@nt.gov.au](mailto:LiquorLicensing.DITT@nt.gov.au)  Before you apply You must also attach the supporting documents – see Section 4 of this application. | | | | | | | | | | | | | | |
| Fields marked with asterisk (\*) are mandatory. | | | | | | | | | | | | | | |
| Section 1 – Applicant’s personal details | | | | | | | | | | | | | | |
| Applicant’s (Tenant) full name\* | | | | |  | | | | | | | | | |
| Full name of applicant’s representative (if applicable) | | | | |  | | | | | | | | | |
| Postal address\* | | |  | | | | | | | | | | | |
| Phone\* | | |  | | | | Date of Birth \* | | |  | | | | |
| Email and/or facsimile\* | | |  | | | | | | | | | | | |
| Section 2 – Owner of the property | | | | | | | | | | | | | | |
| Are you 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 an occupier or tenant of the property?\* | | | | | | | | | | | | Yes / No | | |
| Are you another interested party? \* | | | | | | | | | | | | Yes / No | | |
| If yes, explain what your interest is | | | | |  | | | | | | | | | |
| Section 3 - Application details | | | | | | | | | | | | | | |
| Location/address of proposed restricted area\* | | | | |  | | | | | | | | | |
| Are you applying to vary an existing declaration of restricted premises?\* | | | | | | | | | | | | Yes / No | | |
| 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?\* | | | | | | | | | | | |  | | |
| Section 4 – Supporting documents | | | | | | | | | | | | | | |
| If you don’t supply the supporting documentation, it will delay the application. | | | | | | | | | | | | | | |
| Have you attached proof of title, or fully executed lease/contract or other evidence of your right to occupy the premises\* | | | | | | | | | | | | Yes / No | | |
| 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 over the age of 18\* (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** | | | |  | | |
| Section 5 – Decision notice – Licensing NT – Office use only | | | | | | | | | | | | | | |
| **Date application received** | | | |  | | | | | | | | | | |
| **Occupier(s) consulted  Majority consent (if required)** | | | | | | Attachment A | | | | | | | | Yes / No |
| **Owner consulted** | | | | | | Attachment B | | | | | | | | Yes / No |
| **Police consulted** | | | | | | Attachment C | | | | | | | | Yes / No |
| **Interested person consulted. Public interest, particularly having regard to the object of this Act in relation to the consumption of liquor has been considered.** | | | | | | Attachment D | | | Yes / No | | | N/A | | Yes / No |
| **Lease document attached** | | | | | | Attachment E | | | | | | | | Yes / No |
| **Recommendation:** | | | | | | | | | | | Approve / Not approve | | | |
| **Name and signature of Officer in support of recommendation** | |  | | | | | | | | | **Date:** | |  | |
| **Application submitted to Delegate of the Director of Liquor Licensing on (insert date)** | | | | | | | | | | | **Date:** | |  | |
| **Determination of Delegate of the Director of Liquor Licensing** | | | | | | Declared / Not declared | | | | | **Date:** | |  | |
| **Name and Title of Delegate of Director of Liquor Licensing** | |  | | | | | | | | | | | | |
| **Signature of Delegate of Director of Liquor Licensing** | |  | | | | | | | | | | | | |
| **Comments by Delegate** | |  | | | | | | | | | | | | |
| **Sign installed (within 14 days)** | | | | | | Yes / No | | | | | **Date:** | |  | |
| Review of Decision Section 27 of the Act provides for the applicant or a person who made a submission the subject of the decision, to seek a review of a decision made by the delegate of the Director.  The Director delegated the determination of applications made under section 199 of the Act by instrument. This decision was made by a person referred to in that instrument.  An application for review must be lodged with the Director within 28 days after written notice of the decision is given to the person and must be in the form approved by the Director, stating the grounds for the review and the facts relied on to establish the grounds.  Accordingly, the affected persons in relation to this decision are the applicant, owner of the premises and the NT Police. Further informationEmail your completed form to [LiquorLicensing.DITT@nt.gov.au](mailto:liquorpermits.DITT@nt.gov.au) or fax it to 08 8999 7498.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*](https://legislation.nt.gov.au/Legislation/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.  To specifically discuss how your information is used and shared by Licensing NT, you can contact us on 08 8999 1800 or [LiquorLicensing.DITT@nt.gov.au](mailto:liquorpermits.DITT@nt.gov.au) | | | | | | | | | | | | | | |
| End for form | | | | | | | | | | | | | | |