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| Approved form under sections 49 to 52 of the *Liquor Act 2019* Before you fill in the form This form has been approved by the Director of Liquor Licensing under section 317 of theAct.  Type your answers or use clear, printed writing. We may make this information available to the public, so you should not include people’s sensitive or personal information in the form.  Attach extra pages if your answer/s don’t fit into the space provided.  If you need help with this form, call Licensing NT on 08 8999 1800 or email [LiquorLicensing.DITT@nt.gov.au](mailto:LiquorLicensing.DITT@nt.gov.au). | | | |
| Fields marked with asterisk (\*) are mandatory. | | | |
| Information about your application | | | |
| **Applicant name**\* |  | | |
| **Brief description of the application, including the proposed nature of the business and authorities sought**\* |  | | |
| **Address of premises\*** |  | | |
| Information about how your liquor application might affect the community, and who you have consulted about your application | | | |
| Tell us about the impact you think your proposed liquor licence or licence-related authorisation will have on the local community\* |  | | |
| Have you consulted people who live or work in the neighbourhood?\* | | | Yes / No |
| If yes, explain who you consulted (eg. local residents and businesses, clinics, etc.), how (eg. in person, by phone or email) and what their feedback was |  | | |
| Have you consulted the local council?\* | | | Yes / No |
| If yes, explain who you consulted, how and what their feedback was |  | | |
| Have you consulted the local police officer in charge (OIC) and/or the NT Police major events office?\* | | | Yes / No |
| If yes, explain who you consulted, how and what their feedback was |  | | |
| Have you consulted people who use, or travel to or from, places of worship in the area?\* | | | Yes / No |
| If yes, give the name of the place/s of worship and explain how you consulted people who access it and what their feedback was |  | | |
| Have you consulted people who use, or travel to or from, hospitals in the area?\* | | | Yes / No |
| If yes, give the name of the hospital and how you consulted people who access it and what their feedback was |  | | |
| Have you consulted people who use, or travel to or from, schools in the area?\* | | | Yes / No |
| If yes, give the name of the school and how you consulted people who access it and what their feedback was |  | | |
| Have you consulted other stakeholders about the risk of undue offence, annoyance, disturbance or inconvenience to people who live or work in the vicinity of the proposed licensed premises or who are using or travelling to or from a place of public worship, a hospital or a school?\* | | | Yes / No |
| If yes, explain who you have consulted and how |  | | |
| If no, explain why you decided not to consult with them |  | | |
| Were any issues or concerns raised during the consultation?\* | | | Yes / No |
| If yes, describe what they were and whether or not they were resolved |  | | |
| **Were all issues and concerns raised by the people and/or organisations you consulted resolved?\*** | | | Yes / No |
| If no, what measures will be / have been implemented or maintained to address the potential for undue offence, annoyance, disturbance, or inconvenience to people who live or work in the vicinity of the proposed licensed premises or who are using, or travelling to or from, a place of public worship, a hospital or a school? |  | | |
| **Is there any other information that you think the Commission should know about your application?** | | | Yes / No |
| If yes, please share it here |  | | |
| Privacy declaration | | | |
| **I have read the privacy statement at the end of this form and declare that I have made reasonable efforts to make all third parties aware of the information in the privacy statement.** | | | |
| **Signature of applicant** |  | **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[[1]](#footnote-1)*. 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, go to the Department of Industry, Tourism and Trade website[[2]](#footnote-2).  To specifically discuss how your information is used and shared by Licensing NT, you can call us on  08 8999 1800 or email us at [LiquorLicensing.DITT@nt.gov.au](mailto:LiquorLicensing.DITT@nt.gov.au). | | | |

1. <https://legislation.nt.gov.au/en/Legislation/LIQUOR-ACT-2019> [↑](#footnote-ref-1)
2. <https://industry.nt.gov.au/publications/corporate/privacy-policy> [↑](#footnote-ref-2)