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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 202 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 [liquorpermits.DITT@nt.gov.au](mailto:liquorpermits.DITT@nt.gov.au)  Before you apply  * You MUST attach all supporting documents – see Section 3 of this application. Failure to do so, will delay processing your permit application * Ensure you read, understand and sign Section 5   Lodging your application  You can drop off the application, with ALL your supporting documents at the Groote Eylandt Police Station, or, email your application (with ALL supporting documents) to [liquorpermits.DITT@nt.gov.au](mailto:liquorpermits.DITT@nt.gov.au) | | | | | | | | |
| Fields marked with asterisk (\*) are mandatory. | | | | | | | | |
| Section 1 – Application details (mark with an ‘X’ the option that applies to you) | | | | | | | | |
| New - Permit \* | |  | | **Renewing - Permit \*** |  | Reinstating - Permit \* | |  |
| Section 2 - Your personal information | | | | | | | | |
| Full name\* | | |  | | | | | |
| Address in the community\* | | |  | | | | | |
| Email\* | | |  | | | | | |
| Phone\* | | |  | | Date of birth\* | |  | |
| **Why do you want a liquor Permit?\* (**You MUST provide an answer in space provided) | | | | | | | | |
|  | | | | | | | | |
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| Do you live in the community/area permanently?\* (If YES, go to Section 3) | | | | | | | | Yes / No |

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| --- | --- | --- | --- | --- |
| Contractors or Visitors ONLY to complete | | | | |
| Are you a CONTRACTOR who is/will be working in the community temporarily?\* | | | | Yes / No |
| If yes, company name & contact number\* | | |  | |
| If yes, enter the date/s you expect to be in the community\* | | | Dates from: Dates to:  ……./……./……. ……./……./……. | |
| Are you a VISITOR who is/will be visiting the area for less than 3mths?\* | | | | Yes / No |
| If yes, enter the date/s you expect to be in the community\* | | | Dates from: Dates to:  ……./……./……. ……./……./……. | |
| Section 3 – Supporting Documents MUST accompany your application | | | | |
| **If you don’t supply the supporting documentation to Licensing NT there will be delays incurred in processing your permit application** | | | | |
| You **MUST** provide A clear, colour copy of your photo ID (driver’s licence, passport, NT working with children card, Australia Post keypass card or evidence of age card)\* | | | | Yes / No |
| You MUST provide confirmation of where you will be residing while you are in the community\* | | | | Yes / No |
| CONTRACTOR – MUST provide letter from employer confirming employment and dates in community \* (if applicable) | | | | Yes / No |
| VISITOR – MUST provide copy of camping permits/accommodation confirmation for whilst you are in the community\* (if applicable) | | | | Yes / No |
| Section 4 - Alcohol preference (mark with an ‘X’ the options that apply to you) | | | | |
| Full strength\* |  | **Mid strength\*** | |  |
| Low strength\* |  | **Wine\*** | |  |
| Pre-mixed\* |  | **Consume ONLY\* (No takeaway permitted)** | |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Liquor permit criteria and conditions** | | | | | | | | |
| To apply for and/or hold a permit, you must be at least 18 years old and live in the area that you are want/have a liquor permit for. You are not allowed to have or keep a liquor permit if you are on the Banned Drinker Register (BDR), and your permit may be refused or revoked if you have:   * caused substantial annoyance or disrupted community order and peace; or * assaulted anyone or caused alcohol-related family violence or traffic/vehicle accidents; or * illegally brought liquor into, or had liquor in, a restricted area; or * brought a dangerous drug (defined in the [*Misuse of Drugs Act 1990*](https://legislation.nt.gov.au/en/Legislation/MISUSE-OF-DRUGS-ACT-1990)) into, or possessed a dangerous drug in, a restricted area; or * supplied liquor to someone who is not a permit holder or who is not an invited guest of the permit holder who lives outside of the community; or * supplied a dangerous drug to another person; or * been banned from any of the licensed premises in the restricted area; or * breached any of the conditions of the permit or; * an order made by any Court or Tribunal prohibiting you from possessing, consuming or purchasing liquor.   You can only have or consume liquor at your home or another liquor permit holder’s home in Groote Eylandt as their guest, or areas that are exempt from the restricted area.  Your liquor permit may be refused or revoked if you do not meet the criteria or conditions. | | | | | | | | |
| Section 5 - Consent for background check | | | | | | | | |
| **All information provided in this application is true and correct. I have read, understood and will adhere to the above.**  **I give approval for any relevant checks to be done to ascertain if I am a fit and proper person to hold a liquor permit.**  **I also understand that if I do not meet the criteria or breach the conditions, my permit may be refused or revoked.** | | | | | | | | |
| **Signature\*** |  | | **Date\*** | | | |  | |
| Privacy statement **For 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, if you choose not to, your application may be refused.  We collect and use information to process and manage applications and, if approved, any subsequent permit, under the [*Liquor Act 2019*](https://legislation.nt.gov.au/Legislation/LIQUOR-ACT-2019)*.* If you do not provide the requested information, it may affect your ability to obtain and maintain a permit.  Information obtained from you may be shared with the Liquor Commission, NT Police, Fire and Emergency Services, Department of Health the local council, and/or other authorities or people, but only if we are required or authorised by law to do so. We will not use or share your personal information unless this is required or authorised by law.  You have a right to access the information we hold about you. To learn more about this, view the Department of Industry, Tourism and Trade [privacy policy](https://industry.nt.gov.au/publications/corporate/privacy-policy).  If you have any questions please contact Licensing NT, on 08 8999 1800 or email your query to**;** [liquorpermits.DITT@nt.gov.au](mailto:liquorpermits.DITT@nt.gov.au) | | | | | | | | |
| OFFICE USE ONLY – Recommendations/Approvals | | | | | | | | |
| Licensing NT may seek the following approvals or comments once your application is received;  **Section 6** – Local Council delegate or permit committee Chair (if available)  **Section 7** -Community’s Liquor Permit Committee (if available)  **Section 8** - NT Police delegate to complete | | | | | | | | |
| OFFICE USE ONLY - Section 6 – Recommendation - local council delegate (if available) | | | | | | | | |
| **Name\*** |  | | | | | | | |
| **Position/job title\*** |  | | | | | | | |
| Email**\*** |  | **Phone\*** | | | |  | | |
| Do you believe that issuing the permit will be in the public interest?\* | | | | | | | | Yes / No |
| **Do you recommend this application for approval?\*** | | | | | | | | Yes / No |
| If no, why? |  | | | | | | | |
| **Signature\*** |  | | | **Date\*** | | | |  |
| OFFICE USE ONLY - Section 7 – Recommendation - community’s liquor permit committee (if available) | | | | | | | | |
| **Name\*** |  | | | | | | | |
| **Position/job title\*** |  | | | | | | | |
| Email**\*** |  | Phone**\*** | | |  | | | |
| Do you believe that issuing the permit will be in the public interest?**\*** | | | | | | | | Yes / No |
| **Do you recommend this application for approval? \*** | | | | | | | | Yes / No |
| If no, why? |  | | | | | | | |
| **Signature\*** |  | | | **Date\*** | | | |  |
| OFFICE USE ONLY - Section 8 – Recommendation - NT Police delegate | | | | | | | | |
| **Name\*** |  | | | | | | | |
| **Position/job title\*** |  | | | | | | | |
| Do you believe that issuing the permit will be in the public interest?\* | | | | | | | | Yes / No |
| **Do you recommend this application for approval?\*** | | | | | | | | Yes / No |
| If no, why? |  | | | | | | | |
| **Signature\*** |  | | | **Date\*** | | | |  |