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| Use this form to lodge your motor vehicle dealer annual return as an individual in accordance with Section 141 of the [*Consumer Affairs and Fair Trading Act* *1990*](https://legislation.nt.gov.au/Legislation/CONSUMER-AFFAIRS-AND-FAIR-TRADING-ACT-1990)*.*  If any of your business details have changed (additional car yard, new dealer manager, new officer/s, and other contact details) please submit an application for a variation of a motor vehicle dealer licence with this application and the relevant fee.  See the [motor vehicle dealer licences](https://nt.gov.au/industry/licences/motor-vehicle-dealer-licences/introduction) webpage for further information and the annual prescribed fee. Please note: there is an additional fee for each additional car yard. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Licence details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licensee name: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licence number: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company/Firm name: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | ABN: | | | | | |  | | | | | | | | | | |
| Head office address: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | |  | | | | | | | | | | | | | | | | | | | State: | | |  | | | | | | | | Postcode: | | | | | | | |  | | | |
| Is your postal address the same as above? If no, complete below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postal address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | |  | | | | | | | | | | | | | | | | | | | State: | |  | | | | | | | | | Postcode: | | | | | | | |  | | | |
| **Contact details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Phone number: | | |  | | | | | | | | | | | | | | | | Mobile number: | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you agree to receive correspondence by email? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| **Principle place of business** (primary car yard) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dealer manager name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | |  | | | | | | | | | | | | | | | | | State: | |  | | | | | | | | | | | | Postcode: | | | | | |  | | | |
| Phone number: | | | | |  | | | | | | | | | | | Mobile number: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Email address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Does the company/firm use a business or trading name? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| If yes, provide your business name, business number and website below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business number: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Website address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you intend to carry on business from more than one car yard? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | | | | |
| If yes, complete below. If more than one other place of business copy and attach to the application. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other place of business details** (Additional car yard details) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dealer manager name: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suburb: | | | | |  | | | | | | | | | | | | | | | | State: | | | |  | | | | | | | | | | | | Postcode: | | | | | | | |  |
| Phone number: | | | | |  | | | | | | | | | | | | Mobile number: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Email address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Officers of the company/firm** (attach a separate sheet if more officers are to be listed) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name | | | | | | | | | | | | | Date of birth | | | | | Residential address | | | | | | | | | | | | | | | | | | | | | | | Position | | | | |
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| **Disclosures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In the NT or elsewhere during the last 12 months, has the corporation, a director, or a person concerned in the management of the corporation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applied for an authorisation (however described), such as a licence or certificate, or registration, under any Act relating to the regulation of any business trade, profession, industry or occupation? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Were any of the applications for such authorisation refused or withdrawn? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| In respect of those applications approved, is there any authorisation no longer in force for any reason? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| been subject to action of a disciplinary nature relating to any authorisation referred to above or are there any investigation or are there any proceedings, pending or current, which may result in such action of a disciplinary nature in relation to any authorisation referred to above? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Since being licensed, been convicted of, or served any part of a term of imprisonment, wherever committed, for an offence involving fraud, dishonesty or physical violence or an offence against the *Consumer Affairs and Fair Trading Act 1990*? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there a charge pending in relation to an offence involving fraud or dishonesty? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Assigned their estate for the benefit of creditors or been declared bankrupt? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been known by any other names? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Been a secretary, a director or a person concerned in the management of a corporation which has been placed under a receiver or manager, or wound up or which has entered into a compromise or scheme of arrangement with creditors? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | | |
| If yes, provide details below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Applicant declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I, (full name): |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Of (address): |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Solemnly and sincerely declare that:   * All statements and information contained in this application are true and correct to the best of my knowledge by virtue of the *Oaths, Affidavits and Declarations Act 2010*; and * I have read and understood the information contained in this application; and * The declaration is true and correct; and * I know that it is an offence to make a declaration that is false in any material particular. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This declaration is made at: (location) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | on: (date) | | | | |  | | | | | | | |
| Applicant signature: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note:** Under the *Oaths, Affidavits and Declarations Act 2010* a person wilfully making a false statement or altering a statement, in a statutory declaration is guilty of a crime and is liable to a penalty or imprisonment, or both. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supporting documents checklist** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prescribed application fee – See the [motor vehicle dealer licences](https://nt.gov.au/industry/licences/motor-vehicle-dealer-licences/fees) page for current fee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Current licence or permit issued by the Commonwealth, State or Territory government that has your DOB and photo attached for each person associated with the application.  For example: Drivers licence, passport, evidence of age card, firearms licence, working with children’s card etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Current ASIC company extract showing all office bearers issued within the last 30 days. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| Signed and completed declaration. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes / No | |
| **Privacy statement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The Northern Territory Government complies with the Information Privacy Principals scheduled by the *Information Act 2002*. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Lodgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complete applications can be lodged in person, email or via post at a Territory Business Centre below: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Darwin: | | | | | | Darwin Corporate Park, Ground Floor, Building 3, 631 Stuart Highway Berrimah | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Katherine: | | | | | | Big Rivers Government Centre, 5 First Street, Katherine | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tennant Creek: | | | | | | Shop 2, Barkly House, Cnr Davidson and Paterson Streets, Tennant Creek | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alice Springs: | | | | | | Ground Floor, The Green Well Building, 50 Bath Street Alice Springs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1800 193 111 | | | | | | | | | | | | [territorybusinesscentre@nt.gov.au](mailto:territorybusinesscentre@nt.gov.au) | | | | | | | | | | | | | | | GPO Box 9800 Darwin NT 0801 | | | | | | | | | | | | | | | | | | |
| **Payment details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A fee is payable on lodgement of this application form. Payment can be made by:   * Cash (in person only); or * Cheque (made out to Receiver of Territory Monies); or * Credit card (Visa or MasterCard accepted in person or over the phone). Note: A staff member from the Territory Business Centre will contact you via phone for payment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment date: | |  | | | | | | | | | | | | Receipt number: | | | | | |  | | | | | | | | | | | | Amount paid: | | | | | | |  | | | | | | |