

## LICENSING, REGULATION AND ALCOHOL STRATEGY

### Application for a Licence under Commercial and Private Agents Licensing by a Corporation

#### Category of Licence

Please select licence you are applying for:

- Commercial Agent\* (Refer to Point 1 in Notes to Application)
- Private Bailiff\* (Refer to Point 1 in Notes to Application)
- Inquiry Agent
- Process Server

#### 1. Corporation Details

Full Name of Corporation

ACN

ABN

Registered Office of Corporation

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

Postal Address

<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode

#### LICENSING, REGULATION AND ALCOHOL STRATEGY

**Darwin**  
Level 1, Enterprise House  
28-30 Knuckey Street, Darwin  
GPO Box 1154, Darwin, NT 0801  
Ph: 08 8999 1800  
Fax: 08 8999 1888

**Katherine**  
3/36 Katherine Terrace, Katherine  
GPO Box 1154, Darwin, NT 0801  
Ph: 08 8972 8906  
Fax: 08 8972 8910

**Alice Springs**  
Peter Sitzler Building  
67 North Stuart Highway,  
Alice Springs  
GPO Box 8470, Alice Springs NT 0871  
Ph: 08 8951 8452  
Fax: 08 8951 8591

Telephone

Fax

Mobile

Email

The following section relates to details of each Officer of the corporation (Directors, Managers and Secretary) and each person who is not an Officer of the corporation but who substantially controls or could substantially control the affairs of the corporation. Please note that each person is required to submit evidence of identity and lodge an NT Criminal History Check application form. Attach separate sheet if more space is required.

Surname		Given Name(s)	
Former Name(s)		Date of Birth	Position held
Residential Address			
Postcode			

Surname		Given Name(s)	
Former Name(s)		Date of Birth	Position held
Residential Address			
Postcode			

Surname		Given Name(s)	
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Postcode			

Surname		Given Name(s)	
Former Name(s)		Date of Birth	Position held
Residential Address			
Postcode			

Surname		Given Name(s)	
Former Name(s)		Date of Birth	Position held
Residential Address			
Postcode			

## 2. Details of Business

Principal Business Address

Postcode	
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Telephone

Fax

Mobile

Email



## 4. Testimonial

A Testimonial is required to be completed and signed by an Authorised Person (refer to point 4 in Notes to Application) in respect of each director of the company and person concerned in the management or control of the company who is not a licensed agent or a registered agent's representative.

Please photocopy this section if additional Testimonials are required

I,

.....  
(full name)

.....  
(contact address)

declare that I have known

.....  
(name of Director or person concerned in management or control of the company)

for ... .. year(s) and that in my opinion he/she is a person of good character and conduct.

Title	
Signature	
	Date
	/ /

## 5. Declaration by Authorised Person of the Corporation

This declaration must be completed by a nominee authorised to make the Application and witnessed.

I,

.....  
(full name of nominee)

was on the ..... day of ..... 20...., appointed nominee

of the corporation for the purposes of the *Commercial and Private Agents Licensing Act*, and am in bona fide control of the affairs of the corporation in the Northern Territory.

I, being the person making the application on behalf of the corporation, do solemnly and sincerely declare that the statements and information contained in this application are true and correct to the best of my knowledge and I make this solemn declaration by virtue of the *Oaths Act* and conscientiously believing the statements contained in this declaration to be true in every particular.

I acknowledge that a person making a false statement in a statutory declaration is guilty of an offence and is liable to a penalty of \$2000 or imprisonment for twelve months, or both.

Declared at .....this.....day of.....20....

Signature of Applicant

Date

\*Signature of Witness

Date

Full Name of witness (family name and given name)

\*This declaration may be made before any person who has attained the age of (18) eighteen years.

## Authorisation of Payment By Credit Card

Authorisation for Payment by Credit Card	
<input type="checkbox"/> Bankcard	
<input type="checkbox"/> Visa	
<input type="checkbox"/> Mastercard	
Credit card number:	Expiry Date:
Name on card:	Contact Phone Number:

I hereby authorise the Territory Business Centre to debit my credit card for the amount of	
\$	Amount in words:
Signature of cardholder	
	Date
	/ /

## Notes to Application

### 1. Fees and Lodgement

A \$100 processing fee must accompany this application.

\*A bond is required only for commercial agent and private bailiff categories and proof of currency of the bond must be lodged with the application.

Once a licence has been approved, a granting fee is payable. You will be advised of the amount. The granting fee is payable when the licence is approved.

The application form, along with the applicable fees, attachments to application, supporting documentation etc., must be lodged at your nearest Territory Business Centre.

### 2. Applications

The Commissioner will only receive and consider complete applications.

The Commissioner will, within 45 days after receiving an application, notify the applicant in writing that either the licence has been granted or refused.

### 3. Identification

Each Officer of the corporation (Directors, Managers and Secretary) and each person who is not an Officer of the corporation but who substantially controls or could substantially control the affairs of the corporation must attach a certified copy of your identification in the form of either:

- (a) An Australian or overseas passport which is current or expired within two years
- (b) An Australian photographic Drivers Licence which is current or expired within two years

### 4. Testimonial

This section is a character reference and must be completed by an Authorised Person who is-

- i. a person authorised by the *Oaths Act* to administer an oath for any purpose;
- ii. a Justice of the Peace;
- iii. a commissioner for declarations appointed by the Attorney-General of the Commonwealth under the *Statutory Declaration Act 1959* of the Commonwealth;
- iv. a legal practitioner;
- v. a member of the Northern Territory Police Force;
- vi. a bank manager;
- vii. a judge;
- viii. a magistrate;
- ix. a notary public;
- x. a Registrar appointed under the *Local Court Act*;
- xi. a master appointed under the *Supreme Court Act*
- xii. a commissioner for taking affidavits in the Supreme Court of a State or Territory;
- xiii. a licensed agent;
- xiv. a person registered or enrolled under the *Health Practitioners Act*, (e.g. Medical Practitioner, Pharmacist, Dentist, Registered Nurse etc.)
- xv. a person registered as a teacher under the *Teaches Registration (Northern Territory) Act*;
- xvi. a person who holds an office, appointment or authority in a State or Territory equivalent to any of those specified in (i) to (xv).

The person completing the Testimonial must not be a relation as defined under Regulation 17(2) of the Agents Licensing Regulations and must have known the person to whom the testimonial relates for a period of not less than 12 months.

## Applicant Checklist

Processing of your application will be delayed if you have not completed the checklist.

<input type="checkbox"/> Have all sections of the application been completed?
<input type="checkbox"/> If applying for a commercial agent or private bailiff licence, have you included a proof of currency of your bond?
<input type="checkbox"/> Has each Officer of the corporation (Directors, Managers and Secretary) and each person who is not an Officer of the corporation but who substantially controls or could substantially control the affairs of the corporation provided certified copies of their identification?
<input type="checkbox"/> Has each Officer of the corporation (Directors, Managers and Secretary) and each person who is not an Officer of the corporation but who substantially controls or could substantially control the affairs of the corporation included a NT Criminal History Check application form?
<input type="checkbox"/> If you intend to use a business or trading name, have you included a copy of certificate of registration?
<input type="checkbox"/> Have you included payment of the applicable fee or completed the credit card section?

## For Office Use

Document lodged by:

Name	
Postal Address	
Telephone	

Date of advertisement:	Fees paid:	Receipt Number
/ /	\$	
Officer	Email	

## Notice In Accordance with the Information Act (Information Privacy Principle 1)

Licensing, Regulation and Alcohol Strategy (LRAS – a division of NT Department of Justice) is seeking information from you for the purposes of your application.

Information Privacy Principle 1 (IPP 1) requires that a public sector organisation must not collect personal information unless the information is necessary for one or more of its functions or activities. If personal information about an individual is collected from the individual, the organisation must take reasonable steps to ensure that the individual is aware of certain matters. For the purposes of IPP 1, the following advice is provided.

- a) You are able to access your personal information that you have provided by making a written request to the Director of Licensing.
- b) The information is required pursuant to the *Commercial and Private Agents Licensing Act*. The *Act* requires that certain matters must be considered when deciding whether or not to approve an application.
- c) The information will be kept confidential except as follows:
  - i. Information may be sought from Police, government agencies, interstate licensing authorities, or referees or other persons nominated by you. Information may be released to those sources to the extent necessary to verify information about you and your application.
  - ii. If a hearing is involved, information will be released to the parties, Commission or the Court, as required by the *Act*.
  - iii. Registers of licences and permits will be maintained and may be made available to the public on request.
- d) You do not have to provide information if you do not wish to do so. However, an application may not be approved if there is insufficient information to properly determine the matter in accordance with the *Act*.

Website: [www.nt.gov.au/justice/licenreg](http://www.nt.gov.au/justice/licenreg)

### TERRITORY BUSINESS CENTRES

TOLL FREE LINE: 1800 193 111 (Australia Wide)

Darwin	Katherine	Tennant Creek	Alice Springs	Postal Address
Development Hse 76 The Esplanade Darwin NT 0800 Phone: (08) 8982 1700	1 Randazzo Bldg 18 Katherine Tce Katherine NT 0850 Phone: (08) 8973 8180	Shop 2, Barkly Hse Cnr Paterson & Davidson Sts Tennant Creek NT 0860 Phone: (08) 8962 4411	Peter Sitzler Bldg 67 North Stuart Highway Alice Springs NT 0870 Phone: (08) 8951 8524	GPO Box 9800 Darwin NT 0801 <a href="mailto:territory.businesscentre@nt.gov.au">territory.businesscentre@nt.gov.au</a>

General Disclaimer: The material contained in this publication is intended for use as a guide and for general information only. It is not intended to be a substitute for independent professional advice. The Northern Territory Department of Justice accepts no responsibility or liability for the correctness, accuracy and completeness of any of the material contained in this publication and recommends that users of this publication exercise their own skill, care and judgment in the application of the information contained in the publication.