

LICENSING, REGULATION AND ALCOHOL STRATEGY

Application for a Licence under the Commercial and Private Agents Licensing Act by a Natural Person

Category of Licence

Please select licence you are applying for:		
<input type="checkbox"/> Commercial Agent* (Refer to Point 1 in Notes to Application) <input type="checkbox"/> Private Bailiff* (Refer to Point 1 in Notes to Application) <input type="checkbox"/> Inquiry Agent <input type="checkbox"/> Process Server		
Are you presently		
1. An agent applying for a category of licence other than the category you already hold? If yes, provide details of the category of licence(s) you currently hold: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. A person intending to carry on business on your own account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Applicant Details

Title (Mr, Ms, Mrs, Dr etc)	Surname
_____	_____
Given Name(s)	Other names (including maiden name and alias(es))
_____	_____

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

Street Address

Postcode

Postal Address

Postcode

Telephone

Fax

Mobile

Email

^Date of birth

Place of Birth

^must be over 18 years and provide evidence in form of passport or driver's licence.

2. Business Details (or Name and Address of Employer)

1. Do you intend, if the licence is granted, to carry on business as an agent on your own account? If no, your employer must fill out section 3, Declaration by Employer.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you intend to be the manager of the Business? If no, a separate application for Approval of Manager must be completed and lodged.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Business Address

Postcode

Telephone

Fax

Email

<p>Do you intend to use a business or trading name? If yes, provide details of Registered Business Name in the Northern Territory and provide copy of certificate of registration.</p> <hr/> <hr/> <hr/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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3. Declaration by Employer (not required to be completed for Sole Trader)

This section is to be completed and signed by the Approved Manager of the office where the applicant is to be employed.

Name of Employer

Licence Number

I,
 (full name of Approved Manager)

certify that
 (full name of applicant)

is to be employed at the following office address

.....

Signature

Date

 / /

4. Testimonial

A Testimonial is required to be completed and signed by a person other than the Applicant.

I,
(full name)

.....
(contact address)

declare that I have known
(name of applicant)

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

Signature

Date

 / /

5. Disclosures

Please complete the following questions. If you answer YES to any of the following questions, please provide full details on a separate sheet as an attachment.

1. Have you been disqualified or suspended from holding a licence similar or the same as applied for in this application either in the Northern Territory or in any other State or Territory of Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you bankrupt?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you under the age of 18 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you been involved in harassing tactics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Have you been guilty of conduct that renders you unfit to hold a licence of the category for which you have applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Have you contravened or failed to comply with a provision of this <i>Act</i> which may warrant the refusal of a licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you been found guilty of an offence which may warrant a refusal of a licence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you been found guilty of an offence against this <i>Act</i> or an offence against a law in force in any part of Australia, including the Northern Territory, which finding of guilt may justify the cancellation or suspension of a licence of the type applied for in this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9.	Have you, as an agent, failed, without reasonable excuse, to obey an order of the Court or the Supreme Court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10.	Have you, as an agent, wilfully failed to comply with a provision of the <i>Commercial and Private Agents Licensing Act</i> or of the <i>Local Court Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Are there any circumstances existing now or that you envisage will occur during the currency of the licence applied for that may restrict or incapacitate your capability to carry out duties required of a licence holder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

6. Declaration by Applicant

This declaration must be completed by the applicant and witnessed.

I,
 (full name of applicant)

do solemnly and sincerely declare that the facts contained in this application are true and correct to the best of my knowledge and belief 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 atthis.....day of.....20.....

Signature of Applicant

Date

 / /

+Signature of Witness

Date

 / /

Full name and phone number of witness

+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.

Applicant Checklist

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

<input type="checkbox"/> Have you completed sections 1-6 of the application?
<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"/> Have you included certified copies of photographic ID (driver's licence or passport?)
<input type="checkbox"/> If you intend to use a business or trading name, have you attached a copy of certificate of registration?
<input type="checkbox"/> Has the Approved Manager of the agency where you intend to work completed section 3?
<input type="checkbox"/> Has the Testimonial in section 4 been completed and signed?
<input type="checkbox"/> Have you signed and dated the Declaration in section 6?
<input type="checkbox"/> Have you included payment of the applicable fee or completed the credit card authorisation section?

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

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 territory.businesscentre@nt.gov.au

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