



Business Tenancies (Fair Dealings) Act

Application to Commissioner of Business Tenancies for Determination of Retail Tenancy Claim

Note:- Before completing this form, please read the notes at the foot of the form.

To: Commissioner of Business Tenancies
Ground Floor Old Admiralty Towers
68 The Esplanade Darwin
or
GPO Box 1722 Darwin NT 0801

Phone: 8999 1999 or 1800 019 319
Fax: 8935 7727
Email: consumer@nt.gov.au

1. DETAILS OF RETAIL SHOP LEASE	
(Complete applicable items) Tenants name on retail shop lease	
Business or trading name of tenant	
Tenant's ACN	
Tenant's ABN	
Tenant's postal address	Postcode:
Landlord's name	
Business or trading name of landlord	
Landlord's postal address	
Street address of retail shop, including the shop number and (if applicable) the shopping centre name	
Type of use of the retail shop	
Date of commencement of the current retail shop lease or lease extension	

2. DETAILS OF APPLICANT (the person making this application)

Complete applicable items. If there is more than one applicant, provide the name and address of the second and each subsequent applicant, and of each applicant's representative, using copies of the attachment to this form.)

Applicant's status:
(tick as applicable)

() Landlord
() Tenant
() Assignee
() Other (*describe*)

2.1 DETAILS IF APPLICANT IS A COMPANY

Company name

Company's ACN

Company's ABN

Name of person to contact for applicant

Postal address, including suburb/city/town, State and postcode

Phone (b/h)

Email address

2.2 DETAILS IF APPLICANT IS NOT A COMPANY

Name

ABN

Postal address, including suburb/city/town, State and postcode

Phone (b/h)

Email address

2.3 DETAILS IF APPLICANT'S REPRESENTATIVE (eg legal practitioner) (Refer to section 111 of the *Act* for details about other persons who may represent a party)

Name

Postal address, including suburb/city/town, State and postcode

Phone (b/h)

Email address

3. DETAILS OF RESPONDENT (the other party to the dispute)

(Complete applicable items. If there is more than one respondent, provide the name and address of the second and each subsequent respondent, and of each respondent's representative, using copies of the attachment to this form.)

Respondent's status:
(tick as applicable)

Landlord
 Tenant
 Assignee
 Other *(describe)*

3.1 DETAILS IF RESPONDENT IS A COMPANY

Company Name

Company's ACN

Company's ABN

Name of person to contact for respondent

Postal address, including suburb/city/town, State and postcode

Phone (b/h)

Email address

3.2 DETAILS IF RESPONDENT IS NOT A COMPANY

Name

ABN

Postal address, including suburb/city/town, State and postcode

Phone (b/h)

Email address

3.3 DETAILS OF RESPONDENT'S REPRESENTATIVE (if known) (Refer to section 111 of the Act for details about persons who may represent a party.)

Name

Postal address, including suburb/city/town, State and postcode

Phone (b/h)

Email address

4. DETAILS OF DISPUTE

(Give a brief summary nature of the dispute, briefly setting out the facts relevant to the claim. THE SUMMARY AND FACTS WILL BE FORWARDED TO THE RESPONDENT. LODGEMENT OF THIS FORM INDICATES YOUR AGREEMENT TO THIS. If you wish to provide additional documents relevant to this matter, eg the lease, attach them to this form or forward them separately under cover of a letter to the Commissioner of Business Tenancies, clearly identifying the dispute.) the tenant entering into possession of the retail shop;

Total monetary claim \$.....

Remedy sought:
(Specify briefly:)

Signature of Applicant.....

Date...../...../.....

Application fee: At this time no application fee has been prescribed under section 87 (1) of the *Business Tenancies (Fair Dealings) Act*.

Lodged with the Commissioner on

Date...../...../.....

Notes

Before completing this application, please consider discussing this matter with a legal practitioner or contact Consumer Affairs on 8999 1999.

The form is to be used to apply to the Commissioner of Business Tenancies for a determination of a retail tenancy claim.

Lodgement by Mail		Lodgement by Hand	
DARWIN Consumer Affairs GPO Box 1722 Darwin NT 0801	ALICE SPRINGS Consumer Affairs PO Box 1745 Alice Springs NT 0871	DARWIN Ground Floor, Old Admiralty House The Esplanade Darwin NT 0800	ALICE SPRINGS Level One, Belvedere House Parsons Street Alice Springs NT 0870

PRIVACY STATEMENT

Consumer Affairs complies with the Information Privacy Principles scheduled to the Information Act.
 To view the Consumer and Business Affairs Privacy Statement, please access consumeraffairs.nt.gov.au or 08 8999 1999

Business Tenancies (Fair Dealings) Regulation

ATTACHMENT TO FORM 3

(To be used if there is more than one applicant for respondent, to provide the name and address of the second and each subsequent applicant or respondent, and of each representative.)

Details relating to:

Second / Third / Fourth / Fifth (circle applicable applicant or respondent number)

Applicant / Respondent (circle applicable)

DETAILS IF APPLICANT / RESPONDENT IS A COMPANY
Company Name
Company's ACN
Company's ABN
Name of person to contact for applicant
Postal address, including suburb/city/town, State and postcode
Phone (b/h)
Email address

DETAILS IF APPLICANT / RESPONDENT IS NOT A COMPANY
Name
ABN
Postal address, including suburb/city/town, State and postcode
Phone (b/h)
Email address

DETAILS OF APPLICANT'S / RESPONDENT'S REPRESENTATIVE (if known) (Refer to section 111 of the Act for details about persons who may represent a party.)
Name
Postal address, including suburb/city/town, State and postcode
Phone (b/h)
Email address