

**GUIDELINES FOR THE
GRANT OF A WHOLESALE KAVA LICENCE**

1. Application to grant of a wholesaler Kava licence (attached).
2. Statutory fee of \$20000.00
3. Certificate of Incorporation of Company noting ACN number
4. Company Questionnaire if applicant is a company.
5. Copy of partnership agreement if application is a partnership.

Any partnership agreement should contain a clause nominating the majority shareholder as Licensee. Where a minor or equal shareholder is nominated there shall be inserted in the agreement a clause which prevents the other partners from unjustly vetoing the person nominated as Licensee from complying with a lawful direction pursuant to the Kava Management Act or any other law or regulation governing in any way the sale of Kava.

6. Authority to Release Criminal History.

An authority is to be completed by each company director or partner in the case of a partnership.

The applicant, in completing this form should declare even minor traffic offences or misdemeanours to prevent what may appear to be a deliberate attempt to mislead the Commission in determining suitability for appointment.

7. Personal profile and two written business references for each company director or partner, in the case of a partnership.
8. Site and ground plans 60cm x 60cm professionally drawn.
If difficulties are experienced in obtaining professionally prepared plans they should at least be of a standard acceptable to the Building Board.
9. Copies of newspaper advertisements.
10. If the applicant is an incorporated association, a certified copy of the rules of the applicant.
11. A business plan or other documentation of the proposed operation of the business under the licence the subject of the application including details of the premises and vehicles that the applicant will use, the number of employees or agents the licensee will engage, the manner of transportation of the kava into and within the Territory or the licence area concerned and the manner in which the applicant proposes to purchase or otherwise be supplied with, sell and store the kava.
12. Proof of financial capacity to conduct the business of this Kava application. This is usually in the form of a list of assets/liabilities (financial statements) of the company/individual.
13. Company Search, including details of all directors and shareholders, holding companies or any associated company (and including details of all directors and shareholders of this company) or partnership. In the case of shareholders being a company, ASC details for that company.
14. Licensee/Nominee to sit written examination on knowledge of the Kava Management Act and licence conditions.
15. Licensee/Nominee to provide the following:
 - 15.1 Four written references, two business and two personal.
 - 15.2 Personal profile (resume)
16. Inspection of premises conducted by an Inspector of Licensed Premises.
17. A signed copy of the applicant's signification of clause 8 of the Code of Kava Management.

NOTE: ON LODGEMENT OF THE ABOVE DOCUMENTS THE APPLICATION WILL BE PRESENTED TO THE LICENSING COMMISSION FOR CONSIDERATION

SCHEDULE 1
**APPLICATION FOR
GRANT OF A WHOLESALE KAVA LICENCE**

To be accompanied by Statutory Fee of \$20000.00

PLEASE PRINT USING BLOCK LETTERS

Details of proposed licensee

1	Name of premises:
2	Address of premises:
3	Full name of proposed licensee
Contact numbers:	
Ph:	Fax:
4	If proposed licensee is a corporate body, full name and address of proposed manager (nominee) of premises
5	Your address for all future correspondence:
6	Propose to be agents for:
	a)
	b)
	c)
	d)
	e)

We hereby apply for approval for the grant of a wholesale Kava licence in accordance with the information provided above/in the attached statement. We declare that the information provided is true in every particular.

Dated this day of 20.....

.....
Signature of proposed licensee

SCHEDULE 2

**COMPANY QUESTIONNAIRE
APPLICATION FOR
GRANT OF A WHOLESALE KAVA LICENCE**

Name of premises _____

Address of premises _____

1 Company Name (to be known as Licensee) _____

2 ACN Number _____

3 Street and Postal addresses _____

4 Details of Company Directors, shareholders, partners (including silent partners), office holders (Clubs), or any other person having an influence in the conduct of the premises:

Surname	Given Names	Place of Birth	Date of Birth	Status (eg partner/director)

5 Have any of the persons referred to in Question 4 been known by any other name?

Yes (Give details) No

Present Name	Previous name(s)

6 Have any of the companies involved in this application been known by any other name?
 Yes (Give details) No

Present Name	Previous name(s)

7 Has the proposed licensee, nominee, any company director, partner or any office holder been declared bankrupt or been involved in any company that has been in liquidation or receivership? Yes (Give details) No

Person's name	Full particulars, including whether discharged and, if so, discharge date

8 Signatures:

Proposed licensee:/...../20..... Print name and title

QUESTIONNAIRE

RE: APPLICATION TO APPOINT LICENSEE/MANAGER

NAME OF PREMISES _____

LOCATION _____

NOMINATED PERSONS DETAILS

1. FULL NAME _____

2. DATE OF BIRTH _____

3. ADDRESS _____

4. OCCUPATION _____

5. LENGTH OF TIME RESIDENT IN NT _____

6. PERIOD RESIDENT IN AUSTRALIA _____

7. IF NATURALISED CAN PAPERS BE PRODUCED _____

8. MARRIED OR SINGLE _____

9. NAME OF WIFE/HUSBAND _____

10. OCCUPATION _____

11. DATE OF BIRTH _____

12. IF LICENCE GRANTED DOES APPLICANT INTEND TO FOLLOW ANOTHER
TRADE OR PROFESSION _____

13. HAS APPLICANT PREVIOUSLY HELD A KAVA LICENCE _____

14. IF YES, STATE WHERE _____

15. IF NO, HAS APPLICANT HAD EXPERIENCE IN THE CONDUCT OF LICENSED
PREMISES _____

16. WHERE _____

17. PERIOD _____

18. HAS APPLICANT OBTAINED A LEASE _____
19. PERIOD _____
20. DATE OF EXPIRY _____
21. WILL ANY OTHER PERSON HAVE A FINANCIAL INTEREST IN THE BUSINESS _____
22. WILL THERE BE ANY PARTNER/S IN THE BUSINESS _____
23. IS APPLICANT DIRECTLY OR INDIRECTLY INTERESTED IN OR CONCERNED WITH ANY OTHER LICENCE _____
24. HAVE YOU EVER BEEN CHARGED WITH ANY OFFENCE ANYWHERE?
YES/NO (Not Including Spent Convictions)
25. IF YES, STATE WHAT AND WHERE (Not Including Spent Convictions)
- _____
- _____
- _____
26. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENCE ANYWHERE?
YES/NO (Not Including Spent Convictions)
27. IF YES, STATE WHAT AND WHERE (Not Including Spent Convictions)
- _____
- _____
- _____
28. ONE PERSONAL PROFILE / RESUME AND FOUR (4) WRITTEN REFERENCES:
TWO (2) BUSINESS (To be attached to application forms.)
TWO (2) PERSONAL (To be attached to application forms.)

.....
SIGNATURE

...../...../20.....
DATE

KAVA MANAGEMENT ACT

NOTICE IN ACCORDANCE WITH THE INFORMATION ACT (INFORMATION PRIVACY PRINCIPLE 1)

Racing, Gaming and Licensing (RGL – a division of NT Treasury) 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.

- You are able to access your personal information that you have provided by making a written request to the Director of Licensing.
- The information is required pursuant to the Kava Management Act. The Act requires that certain matters must be considered when deciding whether or not to approve an application.
- The information will be kept confidential except as follows:
 - (a) 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 obtain information about you and your application.
 - (b) If a hearing is necessary, information will be released to the parties, Commission or the Court, as required.
 - (c) Registers of licences and permits will be maintained and may be made available to the public on request.
- 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/ntf/licensing

Office locations and contact details:

Darwin: Telephone 8999-1800. 1st Floor, Enterprise House, Corner of Woods and Knuckey Street. Postal address GPO Box 1154, Darwin NT 0801.

Alice Springs: Telephone 8951-8452. Peter Sitzler Building, North Stuart Highway. Postal address PO Box 8470, Alice Springs NT 0871.