

LICENSING, REGULATION AND ALCOHOL STRATEGY

Application for Licence as a Motor Vehicle Dealer by a Corporation

Notes to Application

1. Details of ADI (e.g. bank, credit union or building society) and name of accountant are to be given with this application. If motor vehicles are to be sold under a franchise agreement, details of the agreement should be given.
2. All directors should be named in this application. Under section 146 of the *Act*, a licence may be revoked if details of any new directors are not given to the Commissioner.
3. All directors of the corporation must:
 - (a) attained the age of 18 years
 - (b) are fit and proper persons to be granted a licence under the *Act*; and
 - (c) are not, for the time being, taking the benefit of any law for the relief of bankrupt or insolvent debtors and are not persons whose remuneration, is for the time being, assigned for the benefit of creditors.
4. This application must be signed by at least the principal director.
5. The Commissioner will only receive and consider completed applications.
6. A certificate of registration of the company must be attached.
7. Proof of ownership or lease of premises, proof that that premises are approximately zoned to carry on business of a motor vehicle dealer and a certificate of registration of the business name must be attached with the application.
8. The prescribed application processing fee* is required.
9. Please use block letters. If there is insufficient space, attach extra sheets. All questions must be answered and full particulars provided.
10. A "business plan to accompany application for a motor vehicle licence by a corporation" form must accompany this application.

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

18 Katherine Terrace, Katherine
GPO Box 2138, Katherine, NT 0850
Ph: 08 8972 8906
Fax: 08 8972 8910

Alice Springs

1st Floor Belvedere House
Cnr Parsons/Bath Sts
GPO Box 8470, Alice Springs NT 0871
Ph: 08 8951 5195
Fax: 08 8951 8591

Directors Details

The following section pertains to details of each and every Director of the corporation. If insufficient space attach separate sheet.

Surname	Given Name(s)	
Former Name(s)		Date of Birth
Current address		
		Postcode
Residential Address during last 3 years:		

Surname	Given Name(s)	
Former Name(s)		Date of Birth
Current address		
		Postcode
Residential Address during last 3 years:		

Proposed Manager(s)

If insufficient space, provide details on separate sheet.

Surname		Given Name(s)	
Street Address			
			Postcode
Date of Birth	Place of birth	Phone	

Surname		Given Name(s)	
Street Address			
			Postcode
Date of Birth	Place of birth	Phone	

Referees

The names, addresses and occupations of 2 referees are:

Surname	
Given Name(s)	
Street Address	
Postcode	
Occupation	

Surname	
Given Name(s)	

Street Address
Postcode
Occupation

Disclosure

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

In the Northern Territory or elsewhere during the last 12 months has the corporation, a related corporation within the meaning of the Corporations Law, a director, or a person concerned in the management of the corporation

1. Applied for an authorisation (however described), such as a licence or certificate, or registration, under any <i>Act</i> relating to the regulation of any business trade, profession, industry or occupation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Had any of the applications for such authorisation refused or were any of the applications withdrawn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Had an authorisation granted which is no longer in force for any reason?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Been subject to action of a disciplinary nature relating to any authorisation referred to in paragraph (1), or are there any investigations or proceedings, pending or current, which may result in such action being taken in relation to any authorisation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. 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 <i>Consumer Affairs and Fair Trading Act</i> ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Had a charge pending in relation to an offence involving fraud or dishonesty?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Been known by any other name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

*delete as applicable

*The corporation has not held and does not hold a licence under any law of a State or Territory as a motor vehicle dealer, however titled, in any State or Territory.

*The corporation has held or holds a licence as a motor vehicle dealer under the law of a State or Territory the laws of which are:

.....
.....

The corporation intends to sell used and new motor vehicles.

I attach a statement, certified by an accountant of the financial performance and financial position of the corporation:

- (a) for the previous financial year; and
- (b) for the financial year in which the application is made, as at the date of this application or as near as practicable to that date.

The corporation *has/has not been the subject of proceedings under the *Corporations Act 2001* (if corporation has been so subject, attach details)

I/We hereby declare that the details given in this application are true and correct and note that under Section 8 of the Act, should I/we furnish information or give an answer which is false or misleading in any material particular, I/we shall be liable to be prosecuted for an offence to which a penalty of \$20,000 or imprisonment for 3 years applies.

Signature of Director(s)

Date

Name of director(s)

Signed at

Dated thisday.....20.....

Fees and Lodgement

Payment must be lodged through Territory Business Centres (TBC), either by mail or in person.

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
	/ /

**Please refer to the relevant schedule of fees.*

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) 8972 8906	Shop 2, Barkly Hse Cnr Paterson & Davidson Sts Tennant Creek NT 0860 Phone: (08) 8962 4411	Peter Sitzler Bldg 67 Nth Stuart Hwy Alice Springs NT 0870 Phone: (08) 8951 8524	GPO Box 9800 Darwin NT 0801 territory.businesscentre@nt.gov.au

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