

LICENSING, REGULATION AND ALCOHOL STRATEGY

Application for Licence as a Motor Vehicle Dealer by a Natural Person

Notes to Application

1. The applicant must have attained the age of 18 years, be a fit and proper person to be granted a licence and not, for the time being, taking the benefit of any law for the relief of bankrupt or insolvent debtors and am not a person whose remuneration is, for the time being, assigned for the benefit of creditors.
2. The Commissioner will only receive and consider completed applications.
3. 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.
4. Referee statements that attest to the applicant's good character must be attached.
5. The prescribed application processing fee* is required.
6. Please use block letters. If there is insufficient space, attach extra sheets. All questions must be answered and full particulars provided.
7. A "business plan to accompany application for a motor vehicle licence by a natural person" form must accompany this application.
6. This application must be lodged at your nearest Territory Business Centre.

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

Applicant Details

Full name

Registered address

Postcode

Telephone

Fax

Application for the approval to carry on business as a Manager of a Licensed Motor Vehicle Dealer on and from (This date can be no earlier than 45 days from the date when the Commissioner of Consumer Affairs will receive your completed application):

Date of birth

Place of Birth

I propose to carry on business as a motor vehicle dealer:

a)	In partnership with (name and address of partner(s)):
b)	At caryard(s) located at:
Phone:	
(i) proof of ownership or lease of premise is attached. (ii) proof that these premises are approximately zoned to carry on the business of a motor vehicle dealer is attached.	
c)	Under the name(s) (registered business name):
which was/were registered on	
/ / and / /	
respectively under the <i>Business Names Act</i> . A certificate of registration of business name is attached.	

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

Referee statements that attest to the applicant's good character must be attached with this application.

The names, addresses and occupations of 2 referees are:

Surname	Given Name(s)	Occupation
Street Address		
		Postcode

Surname	Given Name(s)	Occupation
Street Address		
		Postcode

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, have you:

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

*I have not held and do not hold a licence under any law of a State or Territory as a motor vehicle dealer, however titled, in any State or Territory.

*I have held or hold a licence as a motor vehicle dealer under the law of a State or Territory the laws of which are:

.....
.....

I intend to sell used and new motor vehicles.

Details of my current financial and material resources are attached in the prescribed form and certified by an accountant together with my intended business plan.

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

Signature of applicant

Date

Name of applicant

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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