

LICENSING, REGULATION AND ALCOHOL STRATEGY

Application for Licence for Pawnbrokers and Second Hand Dealers

Notes to Application

1. All applicants, sole trader, partners, directors and other persons should be fit and proper persons to be granted a licence under the *Act*. Two referee statements that attest to the good character of each applicant are required.
2. Please provide statements relating to the material and financial resources of the applicant(s). In the case of a new corporation provide details of the material and financial resources of each Applicant director.
3. Please provide a description of your proposed business operations or a Business Plan.
4. Proof of ownership or lease of premises of the current residential address if the applicant is a natural person, the principal business address, storage address and any additional addresses where you will carry on business of a type covered by this licence application.
5. A copy of certificate of registration of business name and company (if applicant is a corporation) must be attached.
6. Please provide details of the secure storage area for proposed Pawnbrokers goods.
7. Criminal history checks for each applicant, manager, director and management person together with the application fee* and copy of identification are to be lodged with this application.
8. Please refer to the relevant schedule of fees regarding Pawnbrokers and Second Hand Dealers.
9. If there is insufficient space, attach extra sheets as attachments.

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

Name of Applicant(s) (natural person as a sole trader, natural persons in partnership or corporation):

Business Trading Name(s)*:

*Refer point 5 of Notes.

Principal Business Address⁺

Postcode

⁺Refer point 4 of Notes.

Telephone

Fax

Mobile

Email

Storage Address⁺

Postcode

⁺Refer point 4 of Notes.

Date Business Name Registered

Address (for serving of notices)

Postcode

Additional Addresses where you will carry on Business of a type covered by this licence application. Include business name for each address if you have registered more than one business name in respect of the business⁺

⁺Refer point 4 of Notes.

If Applicant is a Natural Person

Complete this section only if the applicant is a natural person as a sole trader or natural persons in partnership. A separate application is required for each partner. If insufficient space attach separate sheet.

Surname		Given Name(s)	
Current residential address ⁺			
			Postcode
Proof of Identity:			
<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Current Passport	<input type="checkbox"/> Current Drivers Licence
Place of birth		Date of Birth	Phone:

⁺Refer point 4 of Notes.

Criminal History checks for each applicant are to be lodged with the application together with the application fee* and copy of identification. Refer to point 7 of Notes. Please provide details of the person responsible for the management, supervision and control of business operations:

Surname		Given Name(s)		Position held	
Current residential address					
					Postcode
Proof of Identity:					
<input type="checkbox"/> Birth Certificate		<input type="checkbox"/> Current Passport		<input type="checkbox"/> Current Drivers Licence	
Place of birth		Date of Birth		Phone:	

If Applicant is a Corporation

Criminal History checks for the Manager is to be lodged with the application together with the application fee* and copy of identification. Refer to point 7 of Notes. Complete this section only if the applicant is a corporation:

ACN Number	ABN Number

Date of Incorporation*	Place of incorporation*
/ /	

*Refer to point 5 of Notes

Registered Office Address (if different to principal business address)

Postcode

Details in respect of each Director, or other persons concerned in the management of the corporation (if insufficient space attach separate sheet):

Surname	Given Name(s)	Position held
Current residential address		
Postcode		
Proof of Identity:		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Current Passport	<input type="checkbox"/> Current Drivers Licence
Place of birth	Date of Birth	Phone:

Surname	Given Name(s)	Position held
Current residential address		
Postcode		
Proof of Identity:		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Current Passport	<input type="checkbox"/> Current Drivers Licence
Place of birth	Date of Birth	Phone:

Surname	Given Name(s)	Position held
Current residential address		
Postcode		
Proof of Identity:		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Current Passport	<input type="checkbox"/> Current Drivers Licence
Place of birth	Date of Birth	Phone:

Surname	Given Name(s)	Position held
Current residential address		
		Postcode
Proof of Identity:		
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Current Passport	<input type="checkbox"/> Current Drivers Licence
Place of birth	Date of Birth	Phone:

Business in Partnership with a Corporation

Criminal History checks for each Director and management person is to be lodged with the application together with the application fee* and copy of identification. Refer to point 7 of Notes. Complete this section only if you intend to carry business in partnership with a corporation:

Corporation Name

Business Name

Date of Incorporation*

Place of incorporation*

/ /	
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*Refer to point 5 of Notes

Registered Office Address

Postcode

Name and address of each Director

Referees

The names, addresses and occupations of the 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.

With respect to any person in this application, has he/she:

1. Ever been convicted, fined or disqualified by any Court, Tribunal, Board or other Authority in respect of any business or other dealings in the Northern Territory or elsewhere or been a member of a company so dealt with?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Been convicted of an offence(s) involving dishonesty, fraud, stealing in the 10 years preceding the date of application? If yes, please provide the relevant date(s), jurisdictions(s) and sentence(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Been declared bankrupt or assigned the person's estate for the benefit of his or her creditors? If yes, please give date(s) and jurisdiction(s).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Held a position as secretary or director in any company which has been wound up or placed under a receiver or official manager, or which has entered into a scheme or arrangement with its creditors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Been known by any other name?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Declaration

I/We hereby declare that to the best of my/our knowledge the particulars furnished for the purpose of obtaining a licence under the *Consumer Affairs and Fair Trading Act* are true and correct in every detail.

Signature of Director^

Date

Full Name

Signature of Director^

Date

Full Name

^to be signed by no less than two directors in the case of a corporation, and each person in the case of a partnership.

Fees and Lodgement

Payment must be lodged through Territory Business Centres (TBC), either by mail or in person. Cash payments must be made 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	Randazzo Bldg	Shop 2, Barkly Hse	Peter Sitzler Bldg	GPO Box 9800
76 The Esplanade	18 Katherine Tce	Cnr Paterson &	67 Nth Stuart Hwy	Darwin NT 0801
Darwin NT 0800	Katherine NT 0850	Davidson Sts	Alice Springs	territory.businesscentre@nt.gov.au
Phone:	Phone:	Tennant Creek	NT 0870	
(08) 8982 1700	(08) 8972 8906	NT 0860	Phone:	
		Phone:	(08) 8951 8524	
		(08) 8962 4411		

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