



Application form

Pawnbrokers & Second-hand Dealers

1.

(please use block letters. If space is insufficient attach extra sheets)

Application is made for the following:

Application Fees
Natural Person Corporation

Table with 3 columns: License Type, Natural Person Fee, Corporation Fee. Rows include Pawnbrokers Licence, Second-hand Dealers Licence, and Combined Pawnbrokers & Second-hand Dealers Licence.

Duration of licence required:

- 1 Year
2 Years
3 Years

(tick the appropriate circle)

2.

Name of Applicant(s):

(natural person as a sole trader, natural persons in partnership or corporation)

3.

Business Trading Name(s):

(Copy of Certificate of Registration of Business Name must be attached)

4.

Principal Business Address:

(Copy of Proof of Ownership or lease of Premises must be attached)

Phone: Facsimile:

Mobile phone: Email Address:

Storage Address(s): Postcode:

(Copy of Proof of Ownership or lease of Premises must be attached)

Date Business Name(s) Registered:

Postal Address for Service of Notices: Postcode:

5.

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:

(Copy of Proof of Ownership or lease of Premises is attached)

6.

Complete the following sections if the applicant is a natural person as a sole trader or natural persons in partnership. Personal Particulars of Sole Trader or Partner:

Surname: _____ Given name(s): _____

Date of birth: _____ Place of birth: _____

Current Residential Address: _____ Postcode: _____

(Copy of Proof of Ownership or lease of Premises is attached)

Phone: _____

Proof of Identity: birth certificate current passport current drivers licence

(NB: a separate application is required by each partner)

7.

Criminal History checks for each applicant to be lodged with the application together with the application fee and copy of identification:

Please provide the details of the person responsible for the management, supervision and control of business operations:

Surname: _____ Given name(s): _____

Date of birth: _____ Place of birth: _____

Position Held: _____ Phone: _____

Current Residential Address: _____ Postcode: _____

Proof of Identity: birth certificate current passport current drivers licence

8.

A Criminal History check for the manager to be lodged with the application together with the application fee and copy of identification:

Please complete the following sections if the applicant is a corporation:

ACN Number: _____ ABN Number: _____

Date and Place of Incorporation: _____
 (Copy of Certificate of Registration of Company is attached)

Registered Office Address: _____ Postcode: _____
 (if different to principal business address)

9.

Details in respect of each director, or other persons concerned in the management of the corporation:

Surname: Given name(s):

Date of birth: Place of birth:

Position Held: Phone:

Current Residential Address: Postcode:

Proof of Identity:
 birth certificate current passport current drivers licence

Surname: Given name(s):

Date of birth: Place of birth:

Position Held: Phone:

Current Residential Address: Postcode:

Proof of Identity:
 birth certificate current passport current drivers licence

Surname: Given name(s):

Date of birth: Place of birth:

Position Held: Phone:

Current Residential Address: Postcode:

Proof of Identity:
 birth certificate current passport current drivers licence

Surname: Given name(s):

Date of birth: Place of birth:

Position Held: Phone:

Current Residential Address: Postcode:

Proof of Identity:
 birth certificate current passport current drivers licence

(Please provide details of all directors include additional pages if necessary)

10.**Criminal History checks for each director and management person to be lodged with the application together with applicable fee and copy of identification:**

If you intend to carry on business in partnership with a corporation, please complete the following details:

Corporation Name:

Business Name:

Registered Office
Address:

Postcode:

Date and Place of Incorporation:

Name and address of each Director:

11.

With respect to any person included in this application:

a) Has he or she 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? If so, please give details:

b) By what other name(s) is he or she known, or has been known?

c) Has he or she convicted of an offence(s) involving dishonesty, fraud or stealing in the 10 years preceding the date of application? If so, please quote the relevant date(s), Jurisdiction(s) and sentence(s).

d) Has he or she been declared bankrupt or assigned the person's estate for the benefit of his or her creditors? If so, please give date(s) and jurisdiction(s).

e) Has he or she 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 of arrangement with its creditors? If so, please give details.

12.

- 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.
- 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.
- Please provide a description of your proposed business operations or a Business Plan.
- Please provide details of the secure storage area for proposed Pawnbrokers goods.

13. DISCLOSURE

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. (To be signed by no less than two directors in the case of a corporation, each person in the case of a partnership.

Signature

Full name

Date

Signature

Full name

Date

Authorisation for Payment by Credit Card**(Please tick applicable circle)**

Bankcard Visa MasterCard

Credit Card No. _____ Expiry Date ____ / ____ / ____

Name on Card _____ Contact Phone No. _____

I Hereby Authorise the Territory Business Centre to debit my credit card for the amount of
\$ _____ (_____)
(amount in words)

Signature of Cardholder _____

**Lodgement
by Mail**

Consumer Affairs
GPO Box 1722
Darwin NT 0801
Ph: (08) 8999 1999
Fax: (08) 8935 7727

DARWIN
Development House
76 The Esplanade
Darwin NT 0800
Ph: (08) 89821700
Fax: (08) 89821725

**Lodgement by Hand
Territory Business Centres**

KATHERINE
1 Randazzo Building
18 Katherine Terrace
Katherine NT 0850
Ph: (08) 8973 8180
Fax: (08) 8973 8188

TENNANT CREEK
Shop 2, Barkly House
Cnr Paterson & Davidson St
Tennant Creek NT 0860
Ph: 08 8962 4411
Fax: 08 8962 4413

ALICE SPRINGS
Peter Sitzler Building
67 North Stuart
Highway
Alice Springs NT 0870
Ph: (08) 8951 8524
Fax: (08) 8951 8533

For Office Use

CABA: Licensing – Pawnbrokers & Second-hand Dealers
Act: Consumer Affairs and Fair Trading Act

Last Updated: December 2005
Section: 251

PRIVACY STATEMENT

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