

Application for a licence to manufacture excisable products – alcohol

COMPLETING YOUR APPLICATION

- Read the instructions on how to complete this application.
- You must provide the additional information described in the instructions when you lodge this application.
- Answer all questions.
- Place X in all applicable boxes.

When we say 'you', we mean the person or entity
applying to hold to the licence.

If you are applying for a licence for the first time, or for a different licence type, phone us on 1300 137 290 to discuss your circumstances before completing your application.

Who is	e applicant?
Name (le	I name of the person or business requiring the licence)
Trading	me
■ Whil	business number (ABN) Tax file number (TFN) OR is not compulsory to provide your ABN or TFN, it will help us process your application promptly. formation about providing us with TFNs, see 'Privacy' on page 13.
Busines	
Suburb/tov	flocality State/territory Postcoo
if the sar	ress for all correspondence in relation to this licence as the business address, write AS ABOVE) r and name OR post office box
Suburb/tov	locality State/territory Postcoc
Busines	phone Mobile Fax mail address
Busines	mail address
relating t	chorise us to communicate with you or your authorised contact person/s by email on confidential matt this application?
Is your No	yes

ection B: Bank account (details			
Provide your Australian bank account details				
BSB code (include all six numbers) Full account name	Account number			
ection C: Authorised con	ntact details			
Who is your authorised contact pe	erson if we need more information?			
CONTACT ONE				
Title: Mr Mrs Miss Ms	Other			
First given name	Other given name/s			
Position held				
Position neid				
Business phone	Mobile Fax			
Business email address				
Authorised contact for information about this application the operation	ut: In of the business after we have granted a licence			
CONTACT TWO				
Title: Mr Mrs Miss Ms	Other			
First given name	Other given name/s			
Position held				
Business phone	Mobile Fax			
During and a state of				
Business email address				
Authorised contact for information abo	ut:			

this application the operation of the business after we have granted a licence

Section D: People involved in the management of the business

Provide the following information for people who will participate in the management or control of the business applying for the licence. This could include officers or directors of a company All individuals in this section must complete the Fit and proper person declaration (NAT 74815) form. We will advise who needs to complete the Consent to criminal history record check (NAT 16358) form. If there is insufficient space, attach a separate page with all the details listed below. **DETAILS ONE** Miss Other Title: Mr Ms Family name Other given name/s First given name Position held **Duties/responsibilities DETAILS TWO** Miss Other Title: Mr Mrs Ms Family name First given name Other given name/s Position held **Duties/responsibilities DETAILS THREE** Miss Other Title: Mr Mrs Family name First given name Other given name/s Position held **Duties/responsibilities DETAILS FOUR** Title: Other Family name First given name Other given name/s

Position held

Duties/responsibilities

Provide details of all people who will participa premises to be licensed	ite in the management or control of the
All individuals in this section must complete the Fit was will advise who needs to complete the Consent to complete the Consen	and proper person declaration (NAT 74815) form. criminal history record check (NAT 16358) form.
If there is insufficient space, attach a separate page	e with all the details listed below.
DETAILS ONE	
Title: Mr Mrs Miss Ms Other Family name	
First given name	Other given name/s
Position held	
Duties/responsibilities	
DETAILS TWO	
Title: Mr Mrs Miss Ms Other	
First given name	Other given name/s
Position held	
Duties/responsibilities	
DETAILS THREE	
Title: Mr Mrs Miss Ms Other	
Family name	
First given name	Other given name/s
Position held	
Duties/responsibilities	
DETAILS FOUR	
Title: Mr Mrs Miss Ms Other Family name	
ramy name	
First given name	Other given name/s
Position held	
Duties/responsibilities	

We will advise who needs to complete the Fit and record check (NAT 16358) forms.	d proper person declaration (NAT 74815) or Consent to criminal history
Tecord Crieck (INAT 10550) IOTTIS.	
If there is insufficient space, attach a separate pa	age with all the details listed below.
DETAILS ONE	
Title: Mr Mrs Miss Ms Other	
First given name	Other given name/s
Relationship to applicant	
DETAILS TWO	
Title: Mr Mrs Miss Ms Other	
First given name	Other given name/s
Relationship to applicant	
DETAILS THREE	
Title: Mr Mrs Miss Ms Other	
army name	
First given name	Other given name/s
Relationship to applicant	
DETAILS FOUR	
Title: Mr Mrs Miss Ms Other	
=amily name	
Family name	

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Relationship to applicant

Se	ection E: Financial information
9	Do you have any financial statements showing your present trading position?
	No
	Yes Attach copies of statements with your application.
10	Have you prepared a business plan?
	No We may request financial projections and other information about your business.
	Yes Attach a copy with your application.
Se	ection F: Premises
	Attach an A4 size copy of the site plan of the premises.
11	Do the premises have an existing establishment identification number issued by us?
	No
	Yes Provide the excise establishment identification number
12	What is the name of your establishment?
13	Do you have a customs warehouse licence for these premises?
	No Have you applied, or intend to apply, for a customs warehouse licence? No Yes
	Yes Provide the Customs establishment identification number
14	What is the street address of the premises?
	Suburb/town/locality State/territory Postcode
15	Provide full details of the building and external boundaries of the premises, including construction materials used
	Attach supporting photographs of building structure.

10	Attach supporting photographs of all security measures.
17	Provide details of containers and other equipment to be used at the premises
	Attach supporting photographs of plant and equipment in position.
18	Do you own the premises?
	No No
	Yes Go to question 20.
10	Do you lease the premises?
19	
	No Provide details below of your arrangement with the owner of the premises.
	Yes Provide details of the owner of the premises and details of the lease.
	Name of the owner of the premises Contact number
	Details of your lease or arrangement
	Setano di your reaso di arrangoment

OFFICIAL: Sensitive (when completed)

Se	ection G: Manufacture of excisable goods
20	Select the descriptions that best describe your proposed activities
	Manufacture of beer Maturation, blending or reduction of spirits
	Distillation of spirits Manufacture of liqueurs and other excisable beverages
	Denaturing of spirits Contract manufacturer
	Other Describe
21	Provide details of the skills and experience you have available to enable you to carry out the
	activities listed above
2	Are you the owner of the products manufactured on your premises?
	No Provide details below.
	Yes Go to guestion 23.
	Provide the name and ABN of the owner of the products being manufactured and
	details of the manufacturing arrangement with the owner, where known
	If there is insufficient space, attach a separate page with all the details listed below.
	Owner's name
	ABN
	While it is not compulsory to provide an ABN, it will help us process your application promptly.
	Details of your arrangement

23	List the types of product and the quantity you expect to manufacture in any 12-month period					
		Proposed	-			
	Description of product	alcoholic strength	Quantity (litres)			
24	Briefly describe the manufacturing process you will use to produce the goods					
25	Provide details of how your product will be packaged					
	Product	Pack type and	size			
26	Explain how you intend to establish or test the alcoholic strength of your products, corrected to 20°C					
27	Explain how you will determine the volume of your bulk vessels, corrected to 20°C					

OFFICIAL: Sensitive (when completed)

28	Explain how you intend to accurately determine your fills (for example bottles, kegs, drums or other containers) corrected to 20°C
29	Has the measuring equipment used to determine your excise liability been professionally calibrated?
	No You may need to have them calibrated before we can finalise your application.
	Yes Submit certificates of calibration with this application.
30	Do you own a still?
	No Go to question 31.
	Yes Provide details below.
	Make
	Serial number
	Type: Pot Continuous Spinning Cone Other Specify
	Capacity in litres (UK gallon = 4.546 litres, US gallon = 3.785 litres)
	Manufacturer/retailer's name
	Manufacturer/retailer's address
	Suburb/town State/territory Postcode

Se	ction H: Excise payment details					
31	Will you be responsible for paying the excise duty or lodging excise returns?					
	No Provide details below.					
	Yes Indicate how you intend to settle your excise liability: Periodic payment Payment prior to clearance					
	Provide the details, where known, for the entity responsible for paying the excise duty or lodging excise returns					
	If there is more than one individual or business responsible, attach a separate page.					
	(a) INDIVIDUAL ABN					
	While it is not compulsory to provide an ABN, it will help us process your application promptly. Title: Mr Mrs Miss Ms Other					
	Title: Mr Mrs Miss Ms Other Family name					
	First given name Other given name/s					
	Business phone Mobile Fax					
	Business email address					
	(b) ENTITY ABN					
	While it is not compulsory to provide an ABN, it will help us process your application promptly.					
	Legal name					
	Trading name					
	Contact person					
	Business phone Mobile Fax					
	Business email address					
32	If you indicated periodic payment, what is the PSP period you are applying for?					
	Weekly Go to question 33.					
	Monthly Go to question 34.					
33	What is the day you wish to lodge your excise returns and pay excise duty?					
	Sun Mon Tue Wed Thu Fri Sat					
34	Do you have commercial insurance which includes an amount to cover any excise payable in the event of theft or loss?					
	No					
	Yes					

ection I: Underbond product transfers				
Do you intend to move excisable goods to other licensed premises before excise duty is paid?				
No L				
Yes You, or the owner of the goods, need to complete an application for a m	ovement per	rmission.		
Do you intend to export excisable goods?				
No				
Yes You, or the owner of the goods, need to complete an application for a m	ovement pe	rmission.		
estion I. December evetome				
ection J: Recording systems Indicate if your recording systems provide the following details				
Recipe sheets	No	Yes	Not applicable	
Quantity and type of product used to manufacture or mature excisable products	No No	Yes	Not applicable	
Volume of bulk underbond stock	No No	Yes	Not applicable	
Process of manufacture	No No	Yes	Not applicable	
Quantity and type of goods manufactured	No	Yes	Not applicable	
Quantity of bulk stock packaged	No	Yes	Not applicable	
Any loss or wastage of the product, or other products used in the manufacture or maturation process	No	Yes	Not applicable	
Packaged stock on hand	No	Yes	Not applicable	
Quantity and type of products dispatched	No	Yes	Not applicable	
Issue or receipt details for sale or other disposal	No	Yes	Not applicable	
Details of stocktakes	No	Yes	Not applicable	
Describe your record keeping system				

Section K: **Declaration**

Privacy

We are authorised under the *Taxation Administration Act 1953* to request your tax file number (TFN). We will use your TFN to identify you in our records.

Tax law authorises us to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy, go to ato.gov.au/privacy

I declare that all the information provided in this application is true and correct and acknowledge that:

- (a) if a licence is granted following this application, the licence may be suspended and/or cancelled if any information submitted in support of this application is found to be false or misleading
- (b) if a licence is granted following this application, the licence is granted subject to the condition that the licence holder must disclose certain matters as listed in the licence to the ATO within 30 days of the matter occurring, and any other condition as prescribed, and
- (c) the granting of any licence issued under the Excise Act 1901 does not preclude the requirement by me to obtain any necessary licences and/or approvals and/or permissions from any other federal, state or local government authority.

Name	
Position held	
Business email address	
Sign and date below if you are sending by mail	
	Date
	Day Month Year

Lodging your application

Keep a copy of your completed application form for your records and lodge the original including all attachments via:

- Online services for business or Online services for agents
- mail to

Australian Taxation Office PO Box 3514 ALBURY NSW 2640