



# Application for a licence to store excisable products – fuel and petroleum products

## 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 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.

## Section A: Applicant details

### 1 Who is the applicant?

Name (legal name of the person or business requiring the licence)

Trading name

Australian business number (ABN)

OR

Tax file number (TFN)

⚠ While it is not compulsory to provide an ABN or TFN, it will help us process your application promptly. For more information about providing us with TFNs, see 'Privacy' on page 10.

Business address

Street number and name

Suburb/town/locality

State/territory

Postcode

Postal address for all correspondence in relation to this licence

(if the same as the business address, write AS ABOVE)

Street number and name OR post office box

Suburb/town/locality

State/territory

Postcode

Business phone

Mobile

Fax

Business email address

Do you authorise us to communicate with you or your authorised contact person/s by email on confidential matters relating to this application?

No

Yes

### 2 Is your business a small business entity?

No

Yes

### 3 Describe the type of business that you intend to operate and your proposed commencement date

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## Section B: Bank account details

### 4 Provide your Australian bank account details

BSB code (include all six numbers)

Account number

Full account name

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## Section C: Authorised contact details

### 5 Who is your authorised contact person if we need more information?

#### CONTACT ONE

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name/s

Position held

Business phone

Mobile

Fax

Business email address

Authorised contact for information about:

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

#### CONTACT TWO

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name/s

Position held

Business phone

Mobile


Fax

Business email address

Authorised contact for information about:

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

## Section D: People involved in the management of the business

 We will advise who needs to complete the *Declaration of criminal history particulars* (NAT 74815) or *Consent to criminal history record check* (NAT 16358) forms.

### 6 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

 If there is insufficient space, attach a separate page 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

Family name

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

First given name

Other given name/s

Position held

Duties/responsibilities

**7 Provide details of all people who will participate in the management or control of the premises to be licensed**

**!** If there is insufficient space, attach a separate page 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

Family name

First given name

Other given name/s

Position held

Duties/responsibilities

**8 Provide details of the people and entities you are associated with**

**!** If there is insufficient space, attach a separate page with all the details listed below.

**DETAILS ONE**

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name/s

Relationship to applicant

**DETAILS TWO**

Title: Mr  Mrs  Miss  Ms  Other


Family name

First given name

Other given name/s

Relationship to applicant

## Section E: Premises

 Attach an A4 size copy of the site plan of the premises.

**9 Do the premises have an existing establishment identification number issued by us?**

No

Yes  Provide the excise establishment identification number

**10 What is the name of your establishment?**

**11 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

**12 What is the street address of the premises?**

Suburb/town/locality

State/territory

Postcode

**13 Provide full details of the building and external boundaries of the premises, including construction materials used**

**14 Provide full details of security at the premises**

**15 Provide details of tanks and other equipment to be used at the premises**

**16 Do you own the premises?**

No

Yes  Go to question 18.

**17 Do you lease the premises?**

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

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**Section F: Storage of excisable goods**

**18 Select the descriptions that best describe your proposed activities**

Storage and distribution of packaged fuel and petroleum products

Storage and distribution of bulk fuel and petroleum products

Repackaging fuel and petroleum products

Sale of fuel and petroleum products to overseas ships and aircraft

Storage of fuel and petroleum products

Packaging of gaseous fuels in containers of 210kg capacity or less

Other  Describe

**19 Provide details of the skills and experience you have available to enable you to carry out the activities listed above**

**20 Are you the owner of the products held on your premises?**

No  Provide details below.


Yes  Go to question 21.

Provide the name and ABN of the owner of the products being stored and details of the storage 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 or TFN, it will help us process your application promptly.

Details of your arrangement and type of product held on your premises

**21 List the types of product and the quantity you expect to store in any 12-month period**

Description of product	Quantity (litres/kilograms)

**22 If you are repackaging products, provide details of the package size for each product type**

Description of product	Package size

**23 Has the measuring equipment been professionally calibrated?**

No

Yes

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**Section G: Underbond product transfers**

**24 Do you intend to move excisable goods to other licensed premises before excise duty is paid?**

No

Yes  You, or the owner of the goods, need to complete an application for a movement permission.

**25 Do you intend to export excisable goods?**

No

Yes  You, or the owner of the goods, need to complete an application for an export movement permission.

## Section H: Excise liability details


### 26 How will you assess the excise liability on the goods stored?


### 27 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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 While it is not compulsory to provide an ABN or TFN, it will help us process your application promptly.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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 While it is not compulsory to provide an ABN or TFN, it will help us process your application promptly.

Legal name

Trading name

Contact person

Business phone

Mobile

Fax

Business email address



**28 If you indicated periodic payment, what is the PSP period you are applying for?**

Weekly  Go to question 29.

Monthly  Go to question 30.

**29 What is the day you wish to lodge your excise returns and pay excise duty?**

Sun  Mon  Tue  Wed  Thu  Fri  Sat

**30 Do you have commercial insurance which includes an amount to cover any excise payable in the event of theft or loss?**

No

Yes

**31 Do you intend to make supplies of LPG or LNG?**

No

Yes  What type of supplies will you make? Transport  Non-transport

**!** If you make supplies of LPG under automatic remission, you must have notice provisions on your invoices.

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## Section I: Record keeping systems

**32 Indicate if your record keeping systems provide the following details:**

Quantity and type of product received No  Yes

Quantity of product repackaged into other containers No  Yes

Running balance of bulk and packaged product for each product No  Yes

Any loss or wastage of product No  Yes

Quantity, status (duty paid or underbond) and type of products dispatched No  Yes

Issue or receipt details for sale or other disposal No  Yes

Details of stocktakes No  Yes

**33 Describe your record keeping system**


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## Section J: 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](http://ato.gov.au/privacy)

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*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 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*
- (c) the granting of any licence issued under the Excise Act 1901 does not preclude the requirement by me to obtain any necessary licences or approvals or permissions from any other Commonwealth, state or local government authority.*

Name

Position held

Business email address

**Sign and date below if you are sending by fax or post or delivering by hand**

Date

Day

Month

Year

 /  / 

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## Lodging your application

Keep a copy of your completed application for your records and lodge the original via:

- the Business Portal
- fax on **1300 130 916**
- one of our shopfronts
- mail to

**Australian Taxation Office**  
**PO Box 3514**  
**ALBURY NSW 2640**