



Application for a licence to store 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 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 your ABN or TFN, it will help us process your application promptly. For more information about providing us with TFNs, see 'Privacy' on page 11.

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

4 Do you currently hold, or intend to acquire, a State liquor licence?

No Yes

Section B: Bank account details

5 Provide your Australian bank account details

BSB code (include all six numbers)

Account number

Full account name

Section C: Authorised contact details

6 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

7 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 *Declaration of criminal history particulars* (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

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

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

 All individuals in this section must complete the *Declaration of criminal history particulars* (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

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

9 Provide details of the people and entities you are associated with

 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.

 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.

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

No

Yes Provide the excise establishment identification number

11 What is the name of your establishment?

12 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

13 What is the street address of the premises?

Suburb/town/locality

State/territory

Postcode

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

Attach supporting photographs of building structure.

15 Provide full details of security at the premises

Attach supporting photographs of all security measures.

16 Provide details of containers and other equipment to be used at the premises

Attach supporting photographs of plant and equipment in position.

17 Do you own the premises?

No Provide details below.

Yes Go to question 18.

Name of the owner of the premises

Contact number

Details of your lease or arrangement

Section F: Storage details

18 Select the descriptions that best describe your proposed activities

Storage and distribution of packaged alcohol products

Storage and distribution of bulk alcohol products

Repackaging of bulk alcohol products

Sale of alcohol products to overseas ships and aircraft

Repackaging excisable alcohol products

Speciality repacking of alcohol products

Storage of concessional spirits for resale

Storage of excisable alcohol products

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 stored 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, it will help us process your application promptly.

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

21 If you are distributing alcohol products underbond, provide details of who you will be distributing the product to

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

Description of product Quantity (litres)

Description of product	Quantity (litres)

23 If you are selling concessional spirits, list the types of product and the quantity you expect to sell in any 12 month period

Description of product Quantity (litres)

Description of product	Quantity (litres)

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

Description of product Package size

Description of product	Package size

25 (a) Explain how you intend to accurately determine the alcoholic strength and volume of bulk alcohol corrected to 20°C

(b) If you are repackaging alcoholic products or beverages, explain how you intend to accurately determine your fills (for example bottles, kegs, drums or other containers) corrected to 20°C

26 Has the measuring equipment been professionally calibrated?

No

Yes Submit certificates of calibration with this application.

Section G: Excise payment details

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

! While it is not compulsory to provide an ABN, 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

! 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

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

Section H: Underbond product transfers

31 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.

32 Do you intend to export excisable goods?

No

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

Section I: Recording systems

33 Indicate if your recording systems provide the following details

Quantity, strength and type of product received No Yes

Quantity and strength of product repackaged into other containers No Yes

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

Any loss or wastage of product including breakages No Yes

Quantity, strength and type of products dispatched No Yes

Issue or receipt details for sale or other disposal No Yes

Details of stocktakes No Yes

34 Describe your record keeping system

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

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 fax or post or delivering by hand

Date

Day

Month

Year

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Lodging your application

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

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

Australian Taxation Office
PO Box 3514
ALBURY NSW 2640