**Form 13**



NOTICE OF APPLICATION FOR PROTECTION ORDER

LIQUOR CONTROL ACT 1988

Sections 68 & 87

Please print neatly in **BLOCK LETTERS** with a *black* pen only

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| **1. DETAILS OF LICENCE** |
| a) Licence number:  (b) Name of Licensed Premises:  (c) Address of Licensed Premises:  Post Code:  (d) Name of Licensee: |
| **2. DETAILS OF APPLICATION** |
| (a) Name of Applicant:  (b) Residential Address/Registered Office (if company):  Post Code:  (c) Postal address for service of documents:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (d) Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone: ( ) Mobile:  (e) Explain in detail the status of the applicant under section 87 (attach documentary evidence of status):        (f) Does the applicant occupy the licensed premises now? YES  NO  (g) Is the applicant already conducting business at the licensed premises under an interim authorisation pursuant to section 86? YES  NO  (h) Does the applicant wish to appoint a nominee to carry on the business from the licenced premises?  YES  NO  (if Yes, nominee to complete section 4).  (i) If the application were to be approved – will the applicant/nominee commence trading at the premises?  YES  NO  if No give further details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (j) For what period is the Protection Order sought? / / to / / |

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| **3. COMPANY DETAILS** | | |
| (a) Date of Incorporation: ................./................../.................. Place of Incorporation:  (b) \*Full details of each Director, Secretary, Managing Director and Executive Officer:-  / /  Name of Director Date of Birth  Address of Director  / /  Name of Director Date of Birth  Address of Director    / /  Name of Director Date of Birth  Address of Director    (c) \*Full details of each shareholder or other member (if the applicant is a proprietary company):  / /  Name of Shareholder Date of Birth    Address of Shareholder No & Class of shares held  / /  Name of Shareholder Date of Birth    Address of Shareholder No & Class of shares held  / /  Name of Shareholder Date of Birth    Address of Shareholder No & Class of shares held  (d) \*Where the applicant is trustee of a trust, provide full details of the trust (including name, address and date of birth of all beneficiaries):    Name of Trust: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Beneficiary/Unit Holder Date of Birth  ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Beneficiary/Unit Holder Date of Birth  **\*If more information is required please add an attachment** |

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| **4. DETAILS OF NOMINEE** |
| (a) Name of Nominee(individual/partnership/company):  (b) Residential Address/Registered Office (if company):  Post Code:  (c) Postal address for service of documents:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (d) Contact Person: E-mail:  Telephone: ( ) Mobile:  (e) Date of Incorporation: ................./................../.................. Place of Incorporation:  (f) \*Full details of each Director, Secretary, Managing Director and Executive Officer:- (if company):  / /  Name of Director Date of Birth  Address of Director  / /  Name of Director Date of Birth  Address of Director  (g) \*Full details of each shareholder or other member (if the nominee is a proprietary company)  / /  Name of Shareholder Date of Birth    Address of Shareholder No & Class of shares held  / /  Name of Shareholder Date of Birth    Address of Shareholder No & Class of shares held  (h) \*Where the nominee company is trustee of a trust, provide full details of the trust (including name, address and date of birth of all beneficiaries):  Name of Trust: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Beneficiary/Unit Holder Date of Birth  ­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Beneficiary/Unit Holder Date of Birth  **\*If more information is required please add an attachment** |

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| **5. TENURE OF PREMISES** |
| The application cannot be granted unless the applicant (or nominee if applicable) has, or will have from the date of protection order approval, exclusive possession of the whole of the licensed premises.  Will the applicant / nominee be the owner of the premises? *YES  NO*  If *NO*, give details of the owner and the applicants/nominee’s tenure   1. Name:   (II) Address: Postcode:  (III) Phone or Email:  Applicant’s / Nominee’s tenure: *Lease  Other*  Will the Applicant (or nominee if a nominee has been appointed) have exclusive possession of the licensed premises (ETP area excluded)?  *YES  NO*  *Please note the application cannot proceed to determination unless the incoming licensee has or will have exclusive tenure of the proposed premises.*  (VI) Are there any payments made to the freehold owner or another entity in relation to the turnover of the business? These payments could include rent, marketing, advertising or management fees that are based on the turnover of the business:  *Yes\*  No*  \*A completed Profit Sharing application form (Form 16) must be lodged if there are payments in relation to the  turnover of the business.  Please note that should the protection order application be approved and the licensee no longer has exclusive tenure of the licensed premises all rights to the licence will terminate pursuant to s37(5) of the Act. |

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| **6. DECLARATION** | |
| **I declare/certify that:**   * the information contained in this form, including attachments, is true and correct. * The applicant understands that all rights to the licence will terminate should it not retain exclusive tenure of the licensed premises. * I am authorised to sign this application on behalf of the applicant entity.   Signature: Date: Signature: Date:    Print name and position: Print name and position:  Signature: Date: Signature: Date:    Print name and position: Print name and position:  It is an offence under section 159 of the Liquor Control Act 1988 to make a statement that is false or misleading.  Penalty: $10,000. |

**7. PAYMENT DETAILS**

An invoice with detailed payment options will be provided once the application has been received.