



**ACT**  
Government

Chief Minister, Treasury and  
Economic Development

## RENEWAL OF A PAWNBROKER'S LICENCE

*Pawnbrokers Act 1902*

### PURPOSE

This form is to be used to renew a pawnbroker's licence under the *Pawnbrokers Act 1902* (the Act). You can access the legislation at [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.ors.act.gov.au](http://www.ors.act.gov.au).

### PRIVACY

The *Information Privacy Act 2014* applies in the ACT. The Act authorises the Commissioner for Fair Trading to collect the information required by this form for the purpose of issuing a licence. The JACS Privacy Policy contains information on how you can access or seek to correct any of your personal information that is held by the Directorate, as well as the process for lodging a complaint about an alleged breach of the *Information Privacy Act 2014*. The Privacy Policy can be found on the JACS website at <http://www.justice.act.gov.au/privacy>. The Commissioner may provide additional information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

### CONTACT

Access Canberra Shopfront  
255 Canberra Avenue, Fyshwick ACT 2609

Access Canberra Postal Address  
GPO Box 158, Canberra City ACT 2601

Opening Hours 9:00am to 4:30pm Monday to Friday

Website [www.ors.act.gov.au](http://www.ors.act.gov.au) Email [ors.bil@act.gov.au](mailto:ors.bil@act.gov.au)

General Enquiries (02) 6207 3000

Fax Number (02) 6207 0424

### INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- Complete this form using a black or blue pen only.
- Only suitable persons that would not contravene a Territory or Commonwealth law if the person carried on business as a pawnbroker may be issued a licence. A suitable person is an adult that that is not a disqualified person, being either an individual, a partner in a partnership or a director of a corporation.
- A person is disqualified if the person, or if a the person is a corporation the corporation, has committed an offence against the Act or a corresponding law of a State or foreign country or an offence involving fraud or dishonesty in Australia or a foreign country or has been refused a licence, or had a licence cancelled or revoked, under the Act or a corresponding law of a State.

### TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.



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<b>LICENSEE DETAILS</b>		
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<b>TITLE</b> <i>(Mr, Ms)</i>	<b>GIVEN NAMES</b>	<b>SURNAME</b>
<b>HOME ADDRESS</b> <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>		
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>POSTAL ADDRESS</b> <i>(If different to home address)</i>		
<b>CITY/ SUBURB/ TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>HOME TELEPHONE NUMBER</b>	<b>MOBILE TELEPHONE NUMBER</b>	
( )		
<b>WORK TELEPHONE NUMBER</b>	<b>EMAIL ADDRESS</b>	
( )		
<b>COMPANY NAME</b> <i>(If applicable)</i>	<b>AUSTRALIAN COMPANY NUMBER (A.C.N.)</b> <i>(If applicable)</i>	
<b>PARTNERSHIP NAME</b> <i>(If applicable)</i>	<b>AUSTRALIAN BUSINESS NUMBER (A.B.N.)</b> <i>(If applicable)</i>	

<b>APPLICANT STATEMENT</b>	
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I, or in the case of a corporation the corporation or an executive of the corporation, am not disqualified as described in the instructions for completion on this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I, \_\_\_\_\_, confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence.

Signature: \_\_\_\_\_ Date:     /     /

<b>PARTICULARS OF LICENCE AND PREMISES</b> <i>(Complete a separate form for each premises)</i>		
<b>TERM OF LICENCE</b>		
<input type="checkbox"/> 1 year	<input type="checkbox"/> 3 years	<input type="checkbox"/> 3 years with annual payment
<b>LICENCE NUMBER</b>		
<b>PREMISES ADDRESS</b> <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>		
<b>REGISTERED BUSINESS NAME</b> <i>(If applicable)</i>		
<b>CITY / SUBURB / TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>POSTAL ADDRESS DETAILS</b> <i>(If different to premises address)</i>		
<b>CITY/ SUBURB/ TOWN</b>	<b>STATE / TERRITORY</b>	<b>POSTCODE</b>
<b>CONTACT TELEPHONE NUMBER OF PREMISES</b>	<b>CONTACT FAX NUMBER OF PREMISES</b>	
<b>CONTACT MOBILE NUMBER OF PREMISES</b> <i>(If applicable)</i>	<b>CONTACT EMAIL ADDRESS OF PREMISES</b> <i>(If applicable)</i>	