

PURPOSE

This form is to be used to renew a second-hand dealer licence under the *Second-hand Dealers Act 1906*. You can access the legislation at www.legislation.act.gov.au. You may also obtain further information and forms at www.act.gov.au/accessCBR.

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 renewing a licence. The Access Canberra 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 Access Canberra website at <http://www.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.

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- Complete this form using a black or blue pen only.
- Please identify the term of licence you require by marking the relevant box on page two of the renewal form and include the appropriate fee as identified on the website.
- Only suitable persons that would not contravene a Territory or Commonwealth law if the person carried on business as a second-hand dealer may be issued a licence. A suitable person is an adult who 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 the person is a corporation the corporation or its executive officer, 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.
- Cheques should be made payable to Access Canberra.

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.

LODGEMENT AND CONTACT INFORMATION

Email:
ors.bil@act.gov.au

Post:
Access Canberra
Business and Industry Licensing
GPO Box 158
Canberra, ACT 2601

In Person:
Please visit
www.act.gov.au/accessCBR
Or call **132281** to find an
Access Canberra Shopfront.

LICENSEE DETAILS																			
<input type="checkbox"/> 1 year licence			<input type="checkbox"/> 3 year licence			<input type="checkbox"/> 3 year licence with annual payment													
TITLE <i>(Mr, Ms)</i>		GIVEN NAMES			SURNAME														
HOME ADDRESS <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>																			
CITY / SUBURB / TOWN			STATE / TERRITORY			POSTCODE													
POSTAL ADDRESS <i>(If different to home address)</i>																			
CITY/ SUBURB/ TOWN			STATE / TERRITORY			POSTCODE													
HOME TELEPHONE NUMBER					MOBILE TELEPHONE NUMBER														
()																			
WORK TELEPHONE NUMBER					EMAIL ADDRESS														
()																			
COMPANY NAME <i>(If applicable)</i>					AUSTRALIAN COMPANY NUMBER (A.C.N.) <i>(If applicable)</i>														
					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>														
PARTNERSHIP NAME <i>(If applicable)</i>					AUSTRALIAN BUSINESS NUMBER (A.B.N.) <i>(If applicable)</i>														
					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>														
APPLICANT STATEMENT																			
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											
<p>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.</p>																			
Signature:						Date: / /													

PARTICULARS OF LICENCE AND PREMISES *(Complete a separate form for each premises)*

LICENCE NUMBER	IF TEMPORARY LICENCE INDICATE DATES REQUIRED	
	From	To
	/ /	/ /
PREMISES ADDRESS <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>		
REGISTERED BUSINESS NAME <i>(If applicable)</i>		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
POSTAL ADDRESS DETAILS <i>(If different to premises address)</i>		
CITY/ SUBURB/ TOWN	STATE / TERRITORY	POSTCODE
CONTACT TELEPHONE NUMBER OF PREMISES	CONTACT FAX NUMBER OF PREMISES	
CONTACT MOBILE NUMBER OF PREMISES <i>(If applicable)</i>	CONTACT EMAIL ADDRESS OF PREMISES <i>(If applicable)</i>	