



# Application for a licence to manufacture 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 to 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 13.

#### 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

## Section B: Bank account details

### 4 Provide your Australian bank account details

BSB code (include all six numbers)

Account number

Full account name

## 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

### 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

➤ 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

**7 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

**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 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

### DETAILS THREE

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name/s

Relationship to applicant

### DETAILS FOUR

Title: Mr  Mrs  Miss  Ms  Other

Family name

First given name

Other given name/s

Relationship to applicant

## Section E: Financial information

**9 Do you have any financial statements showing your present trading position?**

No

Yes  Attach copies of statements with your application.

**10 Have you prepared a business plan?**

No  We may request financial projections and other information about your business.

Yes  Attach a copy with your application.

## Section F: Premises

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

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

No

Yes  Provide the excise establishment identification number

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

**13 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

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

Suburb/town/locality

State/territory

Postcode

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

Attach supporting photographs of building structure.


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

Attach supporting photographs of all security measures.


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

Attach supporting photographs of plant and equipment in position.


**18 Do you own the premises?**

No

Yes  Go to question 20.

**19 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

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Details of your lease or arrangement






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

Description of product	Proposed alcoholic strength	Quantity (litres)

**24 Briefly describe the manufacturing process you will use to produce the goods**


**25 Provide details of how your product will be packaged**

Product	Pack type and size

**26 Explain how you intend to establish or test the alcoholic strength of your products, corrected to 20°C**


**27 Explain how you will determine the volume of your bulk vessels, corrected to 20°C**


**28 Explain how you intend to accurately determine your fills (for example bottles, kegs, drums or other containers) corrected to 20°C**


**29 Has the measuring equipment used to determine your excise liability been professionally calibrated?**

No  You may need to have them calibrated before we can finalise your application.

Yes  Submit certificates of calibration with this application.

**30 Do you own a still?**

No  Go to question 31.

Yes  Provide details below.

**Make**

**Serial number**

**Type:** Pot  Continuous  Spinning Cone  Other  Specify

**Capacity in litres** (UK gallon = 4.546 litres, US gallon = 3.785 litres)

**Manufacturer/retailer's name**

**Manufacturer/retailer's address**

Suburb/town

State/territory

Postcode

## Section H: Excise payment details

### 31 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

### 32 If you indicated periodic payment, what is the PSP period you are applying for?

Weekly  Go to question 33.

Monthly  Go to question 34.

### 33 What is the day you wish to lodge your excise returns and pay excise duty?

Sun     Mon     Tue     Wed     Thu     Fri     Sat

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

No

Yes



## Section K: 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)

*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"/>

## 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**