



Application for a licence to store excisable goods with permission to sell duty free

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)

Tax file number (TFN)

OR

⚠ 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 7.

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: People involved in the management of the business

4 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

5 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

DETAILS FIVE

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given name/s

Relationship to applicant

Section C: **Authorised contact details**

6 **Who is the 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: Premises

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

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

No Yes Provide the excise establishment identification number

8 What is the name of your establishment?

9 What is the street address of the premises?

Suburb/town/locality

State/territory

Postcode

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

Attach supporting photographs of building structure

11 Provide full details of security at the premises

Attach supporting photographs of all security measures

12 Do you own the premises?

No Provide details below.

Yes Go to question 13.

Name of the owner of the premises

Contact number

Details of your lease or arrangement

Section E: Storage details

13 Do you have a Customs warehouse licence with permission to sell duty free?

No Yes Provide the Customs establishment identification number Go to question 15.

14 Have you applied for a Customs warehouse licence with permission to sell duty free?

No Yes

15 (a) Which type of duty free operation and relevant permission do you wish to apply for?

On airport inwards duty free On airport outwards duty free Off airport outwards duty free

(b) Do you have an agreement with Duty Free Security Company Limited for docket retrievals?

No Yes You must report and pay excise duty by completing the *Duty free operator return* (NAT 10405).

16 (a) What underbond excisable product (on which excise duty has not been paid) do you intend to store at the premises to be licensed?

Alcohol Tobacco

(b) Identify product types stored

Description of product (cigarettes, tobacco, spirits, other)

Quantity (sticks, kgs, litres)

Description of product (cigarettes, tobacco, spirits, other)	Quantity (sticks, kgs, litres)

17 (a) Please provide an estimate of your total quantity of sales of excisable product (tobacco goods and alcohol) for the next 12 months

Excisable goods Quantity
 Cigarettes (sticks)
 Tobacco (kgs)

Excisable goods Quantity
 Spirits (litres)
 Other (litres)

(b) Please provide an estimate of your total quantity of sales of imported product (tobacco goods and alcohol) for the next 12 months

Imported goods Quantity
 Cigarettes (sticks)
 Tobacco (kgs)

Imported goods Quantity
 Spirits (litres)
 Other (litres)

18 Do you intend to move your product to other licensed premises before the relevant amount of excise duty is paid?

No Yes What is the quantity of product you intend to move each month?

Description of product

Quantity

Description of product	Quantity

Section F: Excise payment details

19 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 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

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

Weekly Go to question 21.

Monthly Go to question 22.

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

Sun Mon Tue Wed Thu Fri Sat

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

No Yes

Section G: Recording systems

23 Do your recording systems provide the following details:

Quantity and type of product received for storage?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Quantity and type of products dispatched?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Issue or receipt details for sale or other disposal?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Section H: 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 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*
- (c) the granting of any licence issued under the Excise Act 1901 does not preclude the requirement by me to obtain any necessary licences or approvals or permissions from any other Commonwealth, 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 via:

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

Australian Taxation Office
PO Box 3514
ALBURY NSW 2640