

## **WHY I NEED THE FOLLOWING INFORMATION**

This information is required to assist me in determining whether:

1. you are a fit and proper person to hold a licence; and
2. you can exercise personal and effective control over the provision of tourist accommodation on the premises.

This form is to be completed by the applicant for the grant or transfer of a licence.

## **AUTHORITY**

The authority for completion of this report is contained in the following sections of the Liquor and Accommodation Act 1990 and its Regulations:

|                      |  |
|----------------------|--|
| Section 114-116 &120 | Grant and Transfer of licences.            |
| Section 88           | Authorized Officer may require information |

## **CONFIDENTIALITY**

This form remains confidential to the Office of the Commissioner for Licensing and Tasmania Police.



Tasmania

# Commissioner for Licensing Licence Application Schedule

## Liquor and Accommodation Act 1990

To be completed with an

- Application for an Accommodation Licence
- Application for a Transfer of Accommodation Licence
- A copy of this document is provided in confidence to Tasmania Police to enable them to assist the Commissioner for Licensing in satisfying S.114 Liquor and Accommodation Act 1990 'Qualifications for Accommodation Licence.

### 1. Premises

Premise's Name: \_\_\_\_\_

Location: \_\_\_\_\_

### 2. Name of Applicant

| Title<br>(Circle)       | Surname<br>(Include all former names) | Given Names | Place of Birth | Date of Birth |
|-------------------------|---------------------------------------|-------------|----------------|---------------|
| Mr<br>Mrs<br>Miss<br>Ms |                                       |             |                |               |

*Applicant must be a natural person who has attained the age of 18 years.*

### 3. What is your current residential address?

|  |          |
|--|----------|
|  |          |
|  |          |
|  | Postcode |

#### Contact Phone Numbers

|              |     |
|--------------|-----|
| Business:    | ( ) |
| After Hours: | ( ) |
| Fax No:-     | ( ) |
| Mobile No:   |     |

**4. Those who will have influence in or assisting the management of the premises.**

Include any partners or other persons having an influence in or assisting in the management of the premises.

| SURNAME | GIVEN NAMES |
|---------|-------------|
|         |             |
|         |             |
|         |             |
|         |             |

**5. Have you previously held an Accommodation licence?**

No  Go to question 6

Yes

Please give details below

| Licence Type | Name and address of premises | Capacity<br>(e.g. Owner, manager, lessee, company director, bar staff) | Period       |
|--------------|------------------------------|--|--------------|
|              |                              |  | From:<br>To: |
|              |                              |  | From<br>To:  |

**6. What business experience have you had? (include copies of any relevant references.)**

No  Go to question 7

Yes

Please give details below

**7. Have you attended any training courses relating to the conduct of this type of business or business generally? (Include copies of any relevant certificates)**

No  Go to question 8

Yes

Please give details below

| Type of Course | Where course was held | Year attended |
|----------------|-----------------------|---------------|
|                |                       |               |
|                |                       |               |
|                |                       |               |
|                |                       |               |

**8. Is the premises to be acquired as a freehold purchase?**

No  Go to question 9

Yes

Please give details below

| Name of Purchaser on Contract | Name of Vendor on Contract | Settlement date |
|-------------------------------|----------------------------|-----------------|
|                               |                            |                 |

**9. Is the business to be acquired by lease?**

No  Go to question 10

Yes

Please give details below

| Name in which the lease is to be held | Name of lessor on lease | Term of lease | Commencement date |
|---------------------------------------|-------------------------|---------------|-------------------|
|                                       |                         |               |                   |

**10. Is the premises now, or intended to be subject to be subject to any leasing/sub leasing arrangement?**

Please give details below

**Applicant's Certification**

|   |  |
|---|--|
| <p><b>False or misleading statements may attract a maximum penalty of 10 penalty units.</b></p> <p><b>Any omissions will result in unnecessary delays in processing your application.</b></p> | <p>I approve the supply of a copy of any traffic or criminal convictions recorded in my name and held by Tasmania Police or any other police jurisdiction to the Commissioner for Licensing.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><b>Applicant's Signature</b></p> <p style="text-align: right;">____/____/____</p> <p style="text-align: right;"><b>Date</b></p> |
|---|--|