



**Application for approval of an authorised place/new associated person**

*Second-hand Dealers and Pawnbrokers Act 2003*

This form is effective from 1 July 2018

ABN: 13 846 673 994

**OFFICE USE ONLY**

**Date received**

.....

**Lodgement details**

Lodgement unit number

.....

Amount allocated

\$ .....

CHC amount

\$ .....

Total amount

\$ .....

**Entity**

Entity number .....

**Instructions**

Please use BLOCK letters when you fill out this form. Attach extra sheets if necessary. All dates should be DD/MM/YYYY. Place a tick in the appropriate box, where applicable.

**Privacy statement—please read**

The Office of Fair Trading collects information, including personal information, on this form as required by the *Second-hand Dealers and Pawnbrokers Act 2003* to process your application. In accordance with this Act, some personal information and business information may be passed on to police services in Australia (including federal, states and territories) for criminal history searches. Enquiries may also be made with the Department of Home Affairs to verify eligibility to work in Australia. Your name, business address, business information and address will be placed on a register which may be inspected by the public upon payment of a prescribed fee. Additionally, information on this form can be disclosed without your consent where authorised or required by law. Under the *Fair Trading Act 1989* information may also be shared on a confidential basis with other Australian fair trading agencies.

**Licence fees**

The fees to add a new business associate or new business premises are available at **www.qld.gov.au/fairtrading**. No fees apply for discontinuation of a previously authorised place.

**No GST payable on the licence fees.**

Please note that each new associate must pass a criminal history check. A mandatory criminal history check fee applies for each person whose name and date of birth appears on this form. The criminal history check fee is available at **www.qld.gov.au/fairtrading**

**Part 1—Licence details (to be completed by licensee/s)**

**Licence details**

Licence holder name/s .....

Licence number .....

**This area has been intentionally left blank.**

## Part 2—Authorised place/s to be discontinued (if applicable)

### Discontinuation of authorised place/s

An authorised place is a principal place of business, premise or location.

To be completed if you intend to discontinue business at any place approved under the current licence.

**Please photocopy additional sheets if necessary.**

Name of place .....

Address .....

Suburb ..... State  Postcode

Associates at these premises .....

If the above named associates are to remain associated to the licence, please advise their new premise details .....

.....

Was this place approved as the principal place of business?  Yes  No

If yes, advise new principal place of business .....

.....

## Part 3—Authorised place/s to be added (if applicable)

### Addition of an authorised place

To be completed if you intend to carry out business at any new place which is not approved under the current licence.

**Please photocopy additional sheets if necessary.**

Registered National Business Name (if applicable) .....

Name of place .....

Street address .....

Suburb ..... State  Postcode

Postal address .....

Suburb ..... State  Postcode

Phone (business) ..... Fax (business) .....

Phone (after hours) ..... Mobile .....

Email .....

Website .....

Preferred contact method?  Phone  Fax  Mobile  Email  Mail

#### Is this place a:

Principal place of business  Premise  Location

Associates at this place .....

.....

Are these new associates who were not approved under the current licence? If yes, please provide details in Part 4.  Yes  No

Do you as the licensee/s intend to continue to carry on business at each other approved place for the licence?  Yes  No

If you are a second-hand dealer, please provide address where the transactions register is to be maintained and may be inspected. A post office box address is not acceptable.

If you are a pawnbroker, please provide address where the property register is to be maintained and may be inspected and where property taken as a pawn is located. A post office box address is not acceptable.

#### For second-hand dealers intending to trade from a location:

Please provide address where the transactions register is to be maintained and may be inspected. **This cannot be a post office box.**

Address .....

Suburb ..... State  Postcode

#### For pawnbrokers intending to trade from a location:

Please provide address where the property register is to be maintained and may be inspected. **This cannot be a post office box.**

Address .....

Suburb ..... State  Postcode

## Part 4—New associate details

### New associate details

Please provide details for all associates who are not approved under the current licence.

**Please photocopy additional sheets if necessary.**

**Please note:** associates must be 18 years of age or over.

Preferred title  Mr  Mrs  Ms  Miss Other (specify) .....

Last name .....

Given names .....

### Is this associate:

Executive officer  Store manager  Other (specify) .....

### Associated persons

Associates are all people who are in effective control of the applicant's or licensee's business. For example, a person who is regularly or usually in charge of the business, or who directs staff in their duties or who is in a position to control or influence substantially the business.

### Business address

Name of business .....

Street address .....

Suburb ..... State  Postcode

### Name details

If you have changed your name you must provide evidence of each name change. This could include a certified copy of a marriage certificate or a change of name certificate. Do not provide original documents.

### Date and place of birth

**Note:** This office will only accept photocopies of documents certified as being a true copy of the original document by the following people: Justice of the Peace; Commissioner for Declarations; barrister/solicitor or Notary Public. The photocopy must contain the original signature of the person certifying the identification.

### Has the associate been known by another name?

No  Yes—Complete other name details.

Previous name .....

Reason for name change .....

If you are lodging this application in person you may provide an original of your **birth certificate/extract, passport, Australian citizenship certificate, ImmiCard or current driver's licence**, which will be copied and certified by the officer accepting your application. If you are lodging this application by mail, please send a photocopy certified as being a true copy (see note).

Date of birth  /  /   
D D M M Y Y Y Y

Place of birth: Town ..... State   
Country.....

Driver's licence number ..... State of issue .....

Passport number ..... ImmiCard number .....

Passport country .....

Passport type  Government  Private  UN refugee

Postal address .....

Suburb ..... State  Postcode

Enter 'as above' if the same as your postal address.

Residential address .....

Suburb ..... State  Postcode

Phone (business) ..... Fax (business) .....

Phone (after hours) ..... Mobile .....

Email .....

Preferred contact method?  Phone  Fax  Mobile  Email  Mail

## Part 4—New associate details continued

### Associate suitability checklist

**Please note:** penalties apply for providing false or misleading information.

- Does any associate have a conviction less than five years old?  Yes  No
- Does any associate have juvenile criminal convictions which are less than five years old?  Yes  No
- Has any associate had a second-hand dealer or pawnbroker licence suspended or cancelled?  Yes  No
- Has any associate had an application for a second-hand dealer or pawnbroker licence refused?  Yes  No
- Has any associate been declared insolvent under administration or had their estate assigned to creditors?  Yes  No
- Has any associate held any position in any company which has been wound up or placed in receivership, or which has entered into a scheme of arrangement with creditors?  Yes  No

*If you have answered YES to any of the above questions please attach details on a separate sheet of paper.*

### Associate declaration and signature/s

To be signed by new associates.

I / We declare the information provided in this form is true and correct. In submitting this application, I / we consent to a national criminal history check being conducted by the Queensland Police Service (QPS) and for QPS and other Australian police services to disclose criminal history information and any impending charges to the Office of Fair Trading. I understand any disclosures will be subject to applicable Commonwealth, state or territory legislation and/or police policy.

Associate name .....

Position held .....

Signature .....   /   /      
D D / M M / Y Y Y Y

## Part 5—Suitability

**Relevant control order** in relation to a licence, means a control order or registered corresponding control order that restricts the person to whom the order applies from carrying on a business, engaging in an occupation or performing an activity that requires the licence.

### Mandatory criminal history check

A criminal history check will be conducted on each person whose date and place of birth are requested in this form. The criminal history check fee is available at [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading) and the processing of the application will not be progressed until this fee is paid.

Criminal history checks will be conducted in accordance with the legislation as outlined in the *Second-hand Dealers and Pawnbrokers Act 2003*.

### Control orders

You are not a suitable person to hold a licence under the *Second-hand Dealers and Pawnbrokers Act 2003* if you are subject to a relevant control order as defined under the *Second-hand Dealers and Pawnbrokers Act 2003*.

## Part 6—Licensee/s declaration and signatures

### Checklist

Please check each statement and tick each box if the requirements have been met:

- I have made appropriate enquiries and to the best of my knowledge all details on this application are true and correct.
- All documents required to be lodged are enclosed.
- The correct application fee is enclosed with this form.
- I have included the criminal history check fee for each person whose date and place of birth has been supplied on this form.

**Please note:** if you do not provide all of the information requested on this form your application will be delayed until the Office of Fair Trading receives the required details from you.

This area has been intentionally left blank.

## Part 6—Licensee/s declaration and signatures continued

### Declaration and signature/s

To be signed by sole trader, partners or executive officers.

I / We declare the information provided in this form is true and correct.

Licensee name .....

Position held .....

Signature .....   /   /      
D D / M M / Y Y Y Y

Licensee name .....

Position held .....

Signature .....   /   /      
D D / M M / Y Y Y Y

Licensee name .....

Position held .....

Signature .....   /   /      
D D / M M / Y Y Y Y

### Lodgement details

#### Change of address

If you change your address you are required to notify the chief executive in writing within seven days. If you do not notify Industry Licensing within the required timeframes it may result in a fine being issued.

#### Lodgement details

**Please lodge the completed application, any supporting documentation and fees to the Office of Fair Trading at the address below, or at one of our regional offices, or at a Queensland Government Service Centre.**

**By mail:** Industry Licensing Unit, Office of Fair Trading, GPO Box 3111, Brisbane QLD 4001

Visit [www.qld.gov.au/fairtrading](http://www.qld.gov.au/fairtrading) or call **13 QGOV** (13 74 68) for information and your nearest Fair Trading Office or Queensland Government Service Centre.

#### Refund

If an applicant withdraws an application prior to the licence being issued, or it is refused, the fee for the criminal history check/s conducted will not be refundable.

### Payment details

#### Payer details

This section must be completed by the person who provides the payment for this application.

Name .....

Address .....

Suburb ..... State    Postcode

Phone ( ) ..... Fax ( ) .....

**A receipt will not be issued unless specifically requested.**

Receipt of payment request  Yes  No

#### Payment details

Cash—pay in person  Credit card  Money order  Cheque

**Do not send cash by mail**

Make money order or cheque payable to the Office of Fair Trading.

**A receipt will not be issued unless specifically requested.**

#### Credit card payment

Charge my:  Mastercard  VISA

Credit card number:

Cardholder's name: .....

Amount authorised: \$ ..... Expiry date:   /      
M M / Y Y Y Y

Cardholder's signature: .....