



Application for approval of an authorised place/new associated person

Second-hand Dealers and Pawnbrokers Act 2003

This form is effective from 1 July 2022

ABN: 13 846 673 994

OFFICE USE ONLY

Date received

.....

Payment details

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 (OFT) 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.

If you give the OFT an email address to communicate with you, the personal information in these communications will be stored on your email service provider’s servers. These servers may be outside of Australia. By giving us your email address, you are consenting to the personal information contained within the emails to and from the OFT to be transferred outside Australia.

Licence fees

To find the fees to add a new business associate or new business premises, visit www.publications.qld.gov.au/dataset/office-of-fair-trading-fee-schedule.

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.

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

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

Note: You must supply certified identification in your current name.

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
- 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
- Is any associate currently insolvent under administration (this excludes entering into bankruptcy or a Personal Insolvency Agreement under Part X of the *Bankruptcy Act 1966* or is a party as a debtor to a debt agreement under Part IX of the *Bankruptcy Act 1966*)? 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 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.

Part 6—Licensee/s declaration and signatures continued

Declaration and signature/s

To be signed by the licence holder, 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

IMPORTANT!

Please make sure you:

- provide all necessary information and documentation
- sign the application
- return all pages of the application form.

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

By mail:

Industry Licensing Unit, GPO Box 3111, Brisbane QLD 4001

In person:

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

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.

Change of details

If at any time your licence details or suitability requirements change, you must notify the Office of Fair Trading within 7 days.

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Proceed to next section for payment details.

If you do not complete the payment section this form will be considered incomplete and may delay processing.

Payer details

This section must be completed if payment has been made by another person on behalf of the applicant.

Name

Postal address

Suburb State Postcode

Mobile Fax number

Receipt request Yes No

Email

Payment

Payment details

Cash—pay in person Debit/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.

Debit/Credit card

OFT cannot accept debit/credit card details over the phone or email (including any attachments) in accordance with the Payment Card Industry Data Security Standard. If an email is received containing debit/credit card details, it will be deleted immediately and your application and payment will not be processed.

Charge my:

 

Debit/Credit card number:

Cardholder's name:

.....

Amount authorised:

\$ Expiry date: /

Cardholder's signature:

.....



By post

A cheque or money order can be posted in, together with the application form.
Make money order or cheque payable to the Office of Fair Trading



In person

You can also visit a Fair Trading Office or an applicable Queensland Government Service Office to lodge this application and pay the applicable fees over the counter.
 Visit www.qld.gov.au/fairtrading or call **13 QGOV** (13 74 68) for your nearest Fair Trading Office or Queensland Government Service Office.