



# NORTHERN TERRITORY POLICE

## APPLICATION FOR AN AMMUNITION RETAIL OUTLET PERMIT

### General Licencing Requirements

To qualify for an Ammunition Retail Outlet Permit under the Northern Territory *Firearms Act*, the Business / Organisation must provide evidence to the Commissioners satisfaction that:

- the premises used by the Business / Organisation is located within the Northern Territory,
- the Business / Organisation nominates one or more suitable Representatives to the Commissioner,
- the Business / Organisation can meet the safe storage requirements under the *Firearms Act* and *Regulations*, or has made other suitable arrangements for the storage of any ammunition held on this licence,
- the Business / Organisation has a genuine reason / need for and ability to sell the categories of ammunition applied for in the application.

The *Firearms Act* and *Regulations* may provide other mandatory or discretionary grounds for refusing a licence.

### INSTRUCTION PAGES FOR COMPLETING THIS APPLICATION

There are **Ten Parts** in the application form. **All parts must be completed** or the application will not be accepted. In Parts 3, 4 and 5 complete the Parts applicable to you.

- The form is to be completed in black or blue pen **only**.
- Attach copies of any supporting documents securely to your Application with a staple, do not use pins.
- Your Application can be made at any Police Station.
- Your application must be accompanied by the required fee **(Cheques to be made payable to CRTM)  
{Chief Receiver of Territory Monies}**
- Any queries? Contact the Officer in Charge, Firearms Policy and Records Unit, Northern Territory Police on Phone: (08) 8922 3543, Fax: (08) 8922 3540 or Email: FirearmsRegistry@pfes.nt.gov.au
- For questions requiring a Yes/No answer, please tick  appropriate box.
- **Do not send** original identification documents, as they will not be returned.

### Instructions to Complete Part 1 – Business / Organisation Details

- Enter you Business / Organisation Name, Business / Organisation Address, the Postal Address (if different from your Business / Organisation address), and contact Telephone numbers.
- Your Business / Organisation ABN if applicable and attached copies of any documentation supporting proof of Business / Organisation registration.

### Instructions to Complete Part 2 – Business / Organisation Nominee

- Enter your Business / Organisation Nominee Surname, Given Name(s), Residential Address, Postal Address (if different from your residential address), Date and Place of Birth, Gender, NT Drivers Licence and contact Telephone numbers.
- If your Last Name is different from your birth certificate, enter details of previous Surnames (including maiden names) and attach copies of any documents supporting the change of name (i.e. Marriage certificate, deed poll, etc).

### **Instructions to Complete Part 3 – Business / Organisation Nominee – Other Details**

If you currently hold a Northern Territory Shooters Licence put the details and licence number here. Show the licence card to the person accepting the application.

### **Instructions to Complete Part 4 – Business / Organisation Nominee – Proof of Identity**

You must provide sufficient documents to make 100 identity points such as you would to open a bank account. Mark the documents you have and produce the documents at the time of lodging your application.

### **Instructions to Complete Part 5 – Business / Organisation Nominee – Medical History**

You must answer all the questions in this section. If you answer 'yes' to any of the questions in this section, you must supply a medical certificate/letter from your doctor regarding your suitability to hold a licence. Without this information, the Commissioner cannot make a proper assessment of your application.

If you have supplied this information for a previous application and you have not received treatment since then, you may submit a copy of the previous medical certificate of letter.

### **Instructions to Complete Part 6 – Ammunition Categories**

List the ammunition categories that are to be held and the approximate amounts to be held i.e. 2,000 rounds of .22 rimfire ammunition, 1,000 rounds of 12 gauge shotgun ammunition, and 500 rounds of 410 gauge shotgun ammunition.

### **Instructions to Complete Part 7 – Ammunition Storage**

Detail the storage facility for the ammunition, where it is within the establishment and any additional security i.e. monitored alarm system within the building.

### **Instructions to Complete Part 8 – Ammunition Storage by another Licence Holder**

If any ammunition storage is to be at another place other than the nominated place of business or its own secure storage facilities then the ammunition must be stored securely at the address of a person licenced for the categories of ammunition listed in the application.

### **Instructions to Complete Part 9 – Authorised Signatories of Business / Organisation**

- This is for the persons authorised to order and sign for bulk ammunition for a Dealer or Ammunition Retailer. Enter Authorised Signatories personal details: Surname, Given Name(s), Residential Address, Postal Address (if different from your residential address), Date and Place of Birth, Gender and Contact Telephone Numbers.

### **Instructions to Complete Part 10 - Declaration**

Complete this part and have it witnessed by a Justice of the Peace, a Commissioner of Oaths or a member of the Police Force.

**You are reminded that comprehensive Police Checks will be carried out on the persons listed on this application that will include all instances of them ever having been charged with or found guilty of any offences, including juvenile offences, within the Northern Territory, the other states and territories of Australia and overseas. This will include Domestic Violence Orders or other forms of Restraining Orders.**

The outcome of these checks may preclude the Police Commissioner from granting the permit or permitting certain individuals from being nominees.

To be filed with Ammunition Retail Outlet Permits

# NORTHERN TERRITORY POLICE

## APPLICATION FOR AN AMMUNITION RETAIL OUTLET PERMIT

(Please refer to instruction sheet when completing this application)

### POLICE USE ONLY

Licence No: .....

Receipt No: .....

Fee Charged: \$.....

## PART 1 (Business / Organisation Information)

**Business / Organisation Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_  
\_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Contact Phone Numbers:** BH: \_\_\_\_\_ AH: \_\_\_\_\_ Fax: \_\_\_\_\_

**ABN Number:** \_\_\_\_\_

**Is the Business / Organisation a Registered Business or Incorporated Body?**  Yes  No

If the answer to the above question is 'Yes' please attach a copy of the Registration / Incorporation Certificate.

## PART 2 (Representative – Personal Details)

This Part should be completed by the person who will act as the Representative or the Business / Organisation in accordance with Section 9 of the *Firearms Act*.

**Surname / Last Name:** \_\_\_\_\_

**First Given Name:** \_\_\_\_\_ **Second Given Name(s):** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Gender:** Male  Female

**Residential Address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Contact Phone Numbers:** Home: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Employer:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Drivers Licence Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Firearm Licence Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Is the Surname used on this application different from the surname on your birth certificate?**  Yes  No

**Reason for change:** \_\_\_\_\_

If you have not previously been issued a licence in the Northern Territory under this name you must include documentation to support the change of surname (i.e. Marriage certificate / deed poll etc)

**Documents attached:**  Yes  No (If the documents are not attached, your application will not be accepted)

### PART 3 (Business / Organisation Nominee – other details)

Does the Representative hold a current Licence issued under the *Firearms Act*?  Yes  No

If the answer to the above question is 'Yes', write their Licence number in the space provided and proceed to Part 6.

Firearm Licence Number:

If the answer to the above question is 'No', proceed to Part 4 and 5.

### PART 4 (Proof of Identity)

To be completed by the Business / Organisation Representative where he/she does not have a current licence under the *Firearms Act*.

You must provide sufficient documents to make 100 identity points. Mark the documents you have and produce the documents at the time of lodging your application.

#### PRIMARY FORMS OF IDENTIFICATION

<input type="checkbox"/> Passport	70	<input type="checkbox"/> Citizenship Certificate	70
<input type="checkbox"/> Birth Certificate	70	<input type="checkbox"/> Licence (i.e. Drivers / Firearm Licence)	50
<input type="checkbox"/> Employer ID Card	25	<input type="checkbox"/> Letter from current employer	25
<input type="checkbox"/> Rates Notice	35	<input type="checkbox"/> Credit Card / Bank Book	25
<input type="checkbox"/> Medicare Card	25	<input type="checkbox"/> Membership Card (Union / University)	25

In the absence of primary forms of identification, the following is only acceptable at community level:

<input type="checkbox"/> Statutory Declaration from an officer employed by the Department of Health	
<input type="checkbox"/> Statutory Declarations from Community Council President giving name, date and place of birth	50
<input type="checkbox"/> Statutory Declarations from an Aboriginal Community Police Officer or local JP acknowledging name, date and place of birth	50

### PART 5 (Medical History)

To be completed by the Business / Organisation Representative where he/she does not have a current licence under the *Firearms Act*.

Have you ever been treated for:

Psychiatric or emotional problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Alcohol or Drug related problems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Serious impairment of eyesight?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fits / Dizziness / Blackouts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Head Injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you answer 'Yes' to any of the above, you must supply a medical certificate or report from the doctor who treated you or is familiar with your condition, indicating your suitability to hold a firearms licence and possess firearms.



## PART 7 (Ammunition Storage – on Business / Organisation Premises)

Will the Business / Organisation be storing ammunition at the business / organisation premises?  Yes  No

Please detail what type of cabinet / safe you have and where it is located?

  
  

On the first occasion that the Business / Organisation applies for an Ammunition Retail Outlet Permit and after any storage changes or changes of address, a Member of the Police Force must inspect the storage facilities.

I,   
(Business / Organisation Representative)

consent to the Business / Organisation's storage facilities being inspected by a Member of the Police Force to ensure that the facilities comply with the requirements of the *Firearms Act and Regulations*.

Please contact me on  or  to arrange a suitable inspection time.

Signature of Applicant:  Date:  /  /

### RECEIVING MEMBER TO COMPLETE IF INSPECTION OF PREMISES IS REQUIRED

Details of what type of storage facility is provided:

  

Category of ammunition storage facility is capable of storing:  A  B  C  H

Details of where storage facility is situated on premises:

  

Details of additional security arrangements:

  

Recommendations to update:  No  
 Yes

Details:

PREMISES:  APPROVED  NOT APPROVED

Signature of member inspecting premises:

Member (printed):

Position / Rank:  Reg. No.:

Police Station:  Date:  /  /

## PART 8 (Ammunition Storage – with another licence holder)

Is the Business / Organisation storing any ammunition at another place other than the place nominated in this application?  Yes  No

If the Business / Organisation is storing any of its ammunition at another location, that person will have to complete the Declaration below:

I,   
(Full name of licensee storing ammunition on behalf of applicant)

of,   
(Address where ammunition is going to be stored)

being the holder of a  licence Number:

under the *Firearms Act*, which covers firearm Categories  A  B  C  H hereby declare that I consent to the applicant storing their ammunition in my storage facilities which meet the requirements of the *Firearms Act and Regulations*.

Declared at,   
(Location where form signed by licensee)

Signature of Licensee:  Date:  /  /

## PART 9 (Authorised Signatories of Business Organisation)

The following Nominees are authorised to sign for ammunition orders on behalf of the Business / Organisation:

Surname / Last Name:

First Given Name:  Second Given Name(s):

Place of Birth:  Date of Birth:  /  /  Gender: Male  Female

Residential Address:

Postal Address:

Contact Phone Numbers: Home:  Mobile:  Work:

Position:

Signature of Nominee:  Date:  /  /

Surname / Last Name:

First Given Name:  Second Given Name(s):

Place of Birth:  Date of Birth:  /  /  Gender: Male  Female

Residential Address:

Postal Address:

Contact Phone Numbers: Home:  Mobile:  Work:

Position:

Signature of Nominee:  Date:  /  /

Surname / Last Name:							
First Given Name:		Second Given Name(s):					
Place of Birth:		Date of Birth:		/		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Residential Address:							
Postal Address:							
Contact Phone Numbers: Home:		Mobile:		Work:			
Position:							
Signature of Nominee:						Date:	
						/ /	

Please attach additional pages providing the required information if there is insufficient room to list all the Authorised Signatories of the Business Organisation.

## PART 10 (Declaration)

### PRIVACY DISCLAIMER

Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information on this form, Ammunition Retail Outlet Permit Application, to ensure compliance with legislation and to ensure the Commissioner of Police can satisfy him/herself of a number of matters related to the issuing of firearms licences, permits and registration. This collection is authorised or required by the NT *Firearms Act* and *Regulations*. Through national agreements the NTPFES will provide, some or all of this information to other agencies, with a direct interest in firearm permits, licencing, and registration. Failure to provide this information in full or in part may result in your application not being processed or being refused.

You can access your personal information provided on this form. If you have any queries or wish to access this information please contact NTPFES by phoning 08 8999 5511 (NT Government Switch).

I,			
(Full name of person making application being the nominated Business / Organisation Representative)			
of,			
(Residential address)			
Declare that all the particulars in this document are true and correct. I make this application under the <i>Firearms Act</i> and acknowledge to make a false statement in an application is an offence under <i>Section 89(1)</i> of that Act.			
Signature of Applicant:		Date:	
		/ /	
Declared at,			
Before me,			
Printed Name of Witness		Signature of Witness	
Title of person witnessing Declaration		Contact Number	
(See notes in Part 7 of the instructions as to who can witness this Declaration)			
(Address)			



## RECEIVING MEMBER TO COMPLETE

Before this application is forwarded to the Firearms Policy and Records Unit, ensure that all the relevant parts of the application is completed, and any supporting documentation is attached.

### CHECK THE APPLICATION BY COMPLETING THE CHECKLIST BELOW.

- Has the applicant completed all parts of the form.
- Change of Name – attached documentation (if applicable).
- Proof of Identity – view NT Firearms Licence or meets the 100 point check (as applicable).
- Medical History – if applicant has answered yes to any question, don't accept application unless the applicant has included a letter from the doctor.
- Ammunition Categories – Applicant has listed types and approximate amounts in Part 6
- Ammunition Storage (storing at own premises) – if required, has the applicant filled out the consent to inspection part in Part 7
- Ammunition Storage (storing ammunition with another licence holder) – if required, other licensee has completed Part 8
- Applicant is to list any additional persons who may act as nominees for purposes of ordering or signing further applications or orders of ammunition

Application accepted by:

Signature of member receiving application: \_\_\_\_\_

Member (printed): \_\_\_\_\_

Position / Rank: \_\_\_\_\_

Reg. No.: \_\_\_\_\_

Police Station: \_\_\_\_\_

Date:     /     /

**POLICE USE ONLY**

**CHARACTER / CONVICTION CHECKS**

<input type="checkbox"/> PROMIS check completed (by member receiving application)	<input type="checkbox"/> Unknown – New PROMIS ID: .....
	<input type="checkbox"/> Known – PROMIS ID: .....
	Criminal / Traffic History: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details, .....
	.....
	Involvements: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details, .....
	.....
	Alerts / Warrants: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details, .....
	.....
<input type="checkbox"/> IJIS check completed (by member receiving application)	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Known – IJIS ID: .....
	Criminal / Traffic History: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details, .....
	.....
	Domestic Violence / Restraining Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details, .....
	.....
	Other Orders: <input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, details, .....
	.....
<input type="checkbox"/> NEPI check completed (by Firearms Policy and Records Unit)	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Known, details, .....
	.....
<input type="checkbox"/> NPRS check completed (by Firearms Policy and Records Unit)	<input type="checkbox"/> Unknown
	<input type="checkbox"/> Known, details, .....
	.....

**FORWARD TO THE FIREARMS POLICY AND RECORDS UNIT (FPRU),  
PETER MCAULAY CENTRE, DARWIN**

**FPRU USE ONLY**

**APPROVED**       **NOT APPROVED**

**Reason Category:** ..... **Reason Code:** .....

**Condition Codes:** .....

Signature: ..... Position/Rank: ..... Date: ..... / ..... / .....