



NORTHERN TERRITORY POLICE

APPLICATION FOR AN AMMUNITION RETAIL OUTLET PERMIT

POLICE USE ONLY
Licence No:
Receipt No:
Fee Charged: \$.....

(Please refer to instruction sheet when completing this application)

Business / Organisation Name:.....
Physical Address:.....
Postal Address:.....
Contact Phone No's: BH:.....AH:.....Fax:.....
Email:..... ABN Number:.....
Is the Business / Organisation a Registered Business or Incorporated Body? <input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to the above question is 'Yes' please attach a copy of the Registration / Incorporation Certificate.

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

Surname:	Given Name:	Middle Name(s):
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Home Phone Number:
Place of Birth:	Mobile Phone Number:.....	Work Phone Number:.....
Residential Address (Number, Street, Suburb):		Post Code:
Postal Address (PO Box Number, Town/City):		Post Code:
Occupation:	Employer:	
Drivers Licence Number:	State:	Firearm Licence Number:
		State:

Failure to Disclose Information May Result in Refusal of this Application	
Do you have, or have you ever had, a Domestic Violence Order or other similar Restraining Order issued against you? (including Interstate and Overseas)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you had a finding of guilt against you in the past 10 years, for any kind of offence, not including minor traffic offences, but including: - Interstate or overseas findings of guilt; - Finding of guilt acquired whilst under the age of 18;	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever suffered from a diagnosed mental health disorder e.g.. chronic depression, PTSD? (If yes please provide a report from your treating GP in support of your application.)*	<input type="checkbox"/> No <input type="checkbox"/> Yes
Have you ever threatened or attempted self-harm? (If yes please provide a report from your treating psychiatrist in support of your application.)*	<input type="checkbox"/> No <input type="checkbox"/> Yes
*Note – The medical reports MUST state that the treating doctor or psychiatrist “does not consider the applicant a risk to themselves or others if granted a firearms licence”.	

Indicate the Ammunition Type sought on this Permit. For each category – list approximately what types and amounts the Business / Organisation intends to store.

Types	

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 1997* and *Regulations* if required.
 Please contact me on: or to arrange a suitable inspection time.
 Signature of Applicant: Date: / /

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

Surname:	Given Name:	Middle Name(s):
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Home Phone Number: Mobile Phone Number: Work Phone Number: Email:
Place of Birth:		
Residential Address (Number, Street, Suburb):		Post Code:
Postal Address (PO Box Number, Town/City):		Post Code:
Position:		
Signature of Nominee: Date:/...../.....		

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

Surname:	Given Name:	Middle Name(s):
Date of Birth:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Home Phone Number: Mobile Phone Number: Work Phone Number: Email:
Place of Birth:		
Residential Address (Number, Street, Suburb):		Post Code:
Postal Address (PO Box Number, Town/City):		Post Code:
Position:		
Signature of Nominee: Date:/...../.....		

DECLARATION	
<p>Privacy Disclaimer Northern Territory Police Fire and Emergency Services (NTPFES) is collecting information on this form 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 <i>Firearms Act</i> and <i>Regulations</i>. Through national agreements the NTPFES will provide some or all of this information to other agencies with a direct interest in firearm permits, licensing, and registration. Failure to provide this information in full or in part may result in your application not being processed or being refused.</p> <p>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).</p>	
<p>I solemnly and sincerely declare that the above particulars contained in this application 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 Section 89(1) of that Act.</p> <p>Signature of applicant: Date: / /</p> <p>PRINTED NAME:</p>	<p>Declared at:</p> <p>.....</p>

PENALTY: 100 PENALTY UNITS OR IMPRISONMENT FOR 2 YEARS FOR FALSE OR MISLEADING STATEMENT
- Firearms ownership is not a right, it's a responsibility -

