

Application form

Nature Conservation Act 1992 – Nature Conservation (Animals) Regulation 2020

Application for dealer licence (macropods)

- Note:**
1. Applicants must be 18 years or older.
 2. The Department of Environment and Science (DES)/State of Queensland takes no responsibility for the action of the holder of a licence, permit or other authority granted under the *Nature Conservation Act 1992*.
 3. Refer to current harvest period pricelist for relevant prices.

Species to be kept or used: eastern grey kangaroo (*Macropus giganteus*), red kangaroo (*Macropus rufus*), wallaroo (*Macropus robustus*).

Privacy statement: Information on this form is being collected to assess your application for a dealer licence under the *Nature Conservation Act 1992* for the species defined above. In determining your application, some of this information may be given to the Commissioner of Police under the *Nature Conservation Act*, section 135. Your details will not be disclosed outside DES unless you have given us permission or we are required by law.

Applications are to be made using the Department of Environment, Science and Innovation (DESI) Online Services. Visit www.des.qld.gov.au/connect for more information.

If you are unable to submit applications via Online Services, the chief executive may approve you to submit a paper application because of exceptional circumstances and post this application form to the department.

I want to seek approval to use a paper application because of exceptional circumstances. Yes No

If you are seeking to submit a paper application, please outline the exceptional circumstances that prevent you from using Online Services:

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An individual or a corporation may apply for this licence

1. Is this application for a: licence amending an existing licence

If you are amending an existing licence enter your new details in the relevant sections (section 3 and/or 9). You must complete sections 4, 7 and 11.

2. Is this licence application for a: Dealer site Meat processing works Tannery

3. Address or precise location (including lot number or GPS position) where activities under this licence are to be conducted:

Site address or description of location. If the site is on a property, also give the distance and direction from nearest homestead (name the homestead).

Town	Postcode

Shire

If the site is on a property, give names of some adjoining properties

4. Dealer Licence previous licence number (if applicable):

5. What harvest period year are you applying for? (e.g. 2011)



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6. **What licence term do you require?** Refer to current price list to determine application fee. 1 year 3 years

7. **Applicant's details:** If the applicant is a corporation, this part must be completed by a person on the board of directors or a person authorised to make licence applications on behalf of the corporation.

Title: Mr/Mrs/Ms/Other Family name Given names Date of birth / /

Residential address

 Postcode

Telephone (business hours)

 ()

Telephone (after hours)

 ()

Postal address for correspondence

 Postcode

Fax number (if applicable)

 ()

8. **Is this licence to be issued in the name of a corporation?**

NO go to 9

YES if yes, give details of your position in the corporation and the name, address and registration number (ACN).

Corporation name

Applicant's position in corporation

Corporation street address—if same as residential, write 'as above'

 Postcode

Telephone (business hours)

 ()

Fax number (if applicable)

 ()

Corporation postal address—if same as street address, write 'as above'

 Postcode

ABN/ACN

9. **Person in charge of site (site manager)?**

Are you the person nominated by the corporation to be the person in charge of the premises where the corporation is to conduct activities under this licence?

No STOP. The person completing this section must be the person in charge of the site.

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Yes Please complete the details below (before submitting this form).

Title: Mr/Mrs/Ms/Other	Family name	Given names	Date of birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	/ /
Residential address		Telephone (business hours)	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Postcode		Telephone (after hours)	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Postal address for business correspondence		Fax number (if applicable)	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Postcode		<input style="width: 100%;" type="text"/>	
Signature of person in charge of site		Date	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
		Your position in the corporation	
		<input style="width: 100%;" type="text"/>	

10. Convictions: During the past three years, have you or a person who will have effective management or control of the operations for which this application is made, ever been convicted of: (a) an offence against the *Nature Conservation Act 1992*; or (b) an animal welfare offence under the *Animal Care and Protection Act 2001* or an offence relating to wildlife against another Act; or an offence, however described, equivalent to an offence mentioned under (a) or (b) in another state or country?

YES Give full details

NO

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Note: A conviction includes a plea of guilty or a finding of guilt by a court even though a conviction is not recorded.

11. Declaration: I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge.

Note: The provision of false or misleading information may result in action being taken under the relevant Acts or regulations.

Applicant's full name (authorised person, or executive authorised on behalf of corporation)

Applicant's signature

Date

Please return your completed form to:
Department of Environment,
Science and Innovation
Macropod Management Unit
PO Box 689
CHARLEVILLE QLD 4470
Phone: (07) 4530 1254
mmp@des.qld.gov.au
www.qld.gov.au

OFFICE USE ONLY				
Receipt number		Receipt date / /	Receipt amount \$	Rec officer initials