

Minister's consent to sublease a Crown land lease

Depending on the conditions of the lease and notifications on the Land Title Register, you may need consent from the minister administering the *Crown Land Management Act (2016)* to sublease a Crown land lease. Use this form to seek the required consent.

In completing the form, the following terms of reference are used:

- 'Lessee' refers to the current holder or tenant seeking the minister's consent to sublease the Crown land lease
- 'Sublessee' refers to the person(s) who will sublease the land from the current holder
- 'Department' refers to the Department of Planning, Industry and Environment.

For additional information on the minister's consent to sublease, refer to Guideline— Management of Crown land leases, www.industry.nsw.gov.au/__data/assets/pdf_file/0007/284389/Guideline-Leasing-Crown-Land.pdf

Lodgement

Mail your application and payment to:

NSW Department of Planning, Industry and Environment—Crown Land
PO Box 2155
DANGAR NSW 2309

Include fee payment (cheque or money order) payable to the Department of Planning, Industry and Environment—Crown Land

Fee

There is a non-refundable fee of \$292.00 towards processing costs.

More information

Phone: 1300 886 235

Email: leasing@crowmland.nsw.gov.au

Web: www.industry.nsw.gov.au/lands

Details of the lessee

For a business entity

Tick if lessee is a **business entity**. If so, please complete section below.

Entity name	
ABN/ACN	
Address	
Contact name and role	
Email address	
Telephone	
Mobile	

For individuals or sole traders

Tick if lessee is an **individual or sole trader**. If so, please complete section below.

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
Given name	
Family name	
Home address	
Postal address	
Email address	
Telephone	
Mobile	

Details of authorised representative (if applicable)

I authorise the following external representative to act on my behalf in managing my application (for example, if you have instructed a solicitor to act for you)

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
Given name	
Family name	
Entity name	
Relationship to applicant	
Email address	
Telephone	
Mobile	

Details of the sublessee

Tick if sublessee is a **business entity**. If so, please complete section below.

Entity name	
ABN/ACN	
Names of directors	
Address	

Tick if sublessee is an **individual**. If so, please complete section below.

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other _____
Given name	
Family name	
Address	

Head lease to be subleased

Crown lease account	
Lot/DP	
Registered lease dealing number	
Head lease commencement date	
Head lease termination date	
Permitted use of head lease	
Premises to be subleased	
Proposed term of sublease	
Permitted use of proposed sublease	

Application requirements

Please check each box to confirm you have included the documents to support the application.

- Certified copy of the proposed sublease which must terminate (including options) prior to the head lease and contain the wording in **Guidance note 1** (see page 8 of this form) to ensure that the sublessee is bound by the terms of the Crown land head lease
- Clearly marked plan showing the location of the premises to be subleased
- Certified copy of the registered power of attorney, where applicable
- ASIC current and historical company extract of the proposed sublessee (for business entities) including a current search of the ASIC Banned and Disqualified Directors Register
- A copy of a current search of the National Personal Insolvency Index for individuals or directors of the sublessee
- Signed declaration at **Appendix A** attesting to the sublessee's credentials, capability and capacity
- Prescribed fee detailed on page 1 of this form.

Declaration

I declare:

- I am the current holder(s) of the Crown land lease
- I am 18 years of age or over
- I have accurately completed the application including details about the proposed sublessee
- I am liable to pay any additional costs associated with assessing this application, where the department will notify me of the additional costs before proceeding.

Name	Position held (if applicable)	Signature	Date

Declaration of witness

This declaration was made before me at	
This	day of 20
Name	
Address	
Signature	
Date	

Appendix A—Mandatory declaration

The lessee must confirm that the sublessee meets the department’s ‘Fit and proper’ criteria and has the capacity and capability to meet the requirements of the head lease.

I confirm the proposed sublessee:	Please tick below:
has the business acumen and financial capacity to operate the business and meet the terms of sublease	<input type="checkbox"/> Yes <input type="checkbox"/> No
holds or will be able to obtain all relevant licenses, approvals and/or registrations to operate from the site	<input type="checkbox"/> Yes <input type="checkbox"/> No
holds or will be able to obtain an insurance policy that meets the sublessee’s risk and indemnity requirements, as per the provisions of the sublease (<input type="checkbox"/> Yes <input type="checkbox"/> No
In the last 10 years:	Please tick below
has the sublessee(s) become insolvent, been declared bankrupt or sought protection from bankruptcy laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
has the sublessee(s) entered into voluntary or involuntary administration, receivership or liquidation of a business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
has the sublessee(s) been banned or disqualified by the Australian Securities Investments Commission from being a company director or holding office of an Australian company or other business entity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
has the sublessee(s) had compliance action taken against them by NSW Crown Land (including termination of a tenure for non-compliance, debt management or other compliance action)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered **yes** to any of the above, you must attach further information about:

- insolvency or bankruptcy
- voluntary or involuntary administration, receivership or liquidation
- Crown Land compliance action or debt management action.

Any information you provide will be managed strictly in accordance with the department’s Privacy Policy and your application will be considered respectfully and objectively on its merits.

I, _____, declare I have accurately completed this declaration and if required, I have provided the relevant documents outlined above.

Signature: _____

Date: _____

Guidance note 1

For a sublease to be considered for the minister’s consent, the following clauses **must** be included:

- a) The Sub-Lessee hereby acknowledges and agrees that the Sub-Lessee has read and is aware of the terms, conditions and covenants on the part of the parties to <Insert Lease Identifier> (the ‘Head Lease’) between the State of New South Wales as Lessor of the one part and the Sub-Lessor (as Lessee) of the other part.
- b) The Sub-Lessee hereby covenants and agrees to observe, perform and comply with the covenants and agreements contained in the Head Lease subject to and for the purpose of this Sub-Lease.
- c) The Sub-lessee covenants with the Sub-lessor to keep the Lessor indemnified against any liability under the covenants and conditions in the Head lease so far as they are applicable to the Premises.
- d) In the event of and to the extent of any such conflict or inconsistency the provisions of the Head Lease shall prevail and the Lessor shall prevail and take precedence.
- e) In the event that the Lessor taking action whereby the Head Lease is terminated then the Sub-Lessor shall be entitled to terminate this Sub-Lease and in such event the Sub-Lessee shall not claim nor shall the Lessor be liable for any compensation whatsoever by reason of termination of this Sub-Lease.
- f) The Sub-Lessee acknowledges the terminating or expiring date of the Head Lease (including any option to renew) and that the Head Lessee has no right of renewal.

Office use only—refer to receipting and referrals codes document						
<input type="checkbox"/> DO	Referral code	Do	Receipting code	TEN/MC/TFER	CM9	
Fee paid			Receipt number	Account number		
Date						

Information from this form is collected for the purpose of assessing your application. The supply of this information is voluntary. Your information will be stored and managed in accordance with the provisions contained under the *Privacy and Personal Information Protection Act 1998* and the *State Records Act 1998*. It will not be used for any other purpose and will not be given to any other third party except where required by law.