

New licence application

Use this form to apply for a licence for the use and occupation of Crown land and/or Crown roads.

Important information

All applications are considered on their own merits. Licences may be granted by way of a competitive process or through direct negotiation. No guarantee can be given as to the outcome of any application under the provisions of the *Crown Land Management Act 2016*.

If the applicant is a company, a current company search with details of the directors is to be lodged with this application.

In reviewing and making a determination, the department may request further information be provided.

Contact us

For more information, please contact us at:

NSW Department of Planning, Industry & Environment – Crown Lands
PO Box 2155
DANGAR NSW 2309

Phone: 1300 886 235

Fax: 02 4925 3517

Email: enquiries@crowmland.nsw.gov.au

Web: industry.nsw.gov.au/lands

Fee

\$547.00 - For further information please refer to the NSW Department Planning, Industry & Environment – Crown Lands website.

Privacy statement

The personal information you provide on this form is subject to the Privacy & Personal Information Protection Act 1989. It is being collected by NSW Department of Planning, Industry and Environment and will be used for purposes related to this application. NSW Department of Planning, Industry and Environment will not disclose your personal information to anybody else unless authorised by law. The provision of this information is voluntary or required to be supplied. If you choose not to provide the requested information we may not be able to process this application. You have the right to request access to, and correct details of, your personal information held by the department. Further information regarding privacy can be obtained from the NSW Department of Planning, Industry and Environment website at www.dpie.nsw.gov.au/privacy.

Application type

| | | |
|---------------------|----------------------------------|--|
| Applicant is | <input type="checkbox"/> company | <input type="checkbox"/> individual(s) |
|---------------------|----------------------------------|--|

Company information

Please only complete if applicant is a company*

| | |
|-----------------------------|--|
| Organisation name | |
| Contact person | |
| Email | |
| ABN/ACN | |
| Organisation address | |
| Postal address | |
| Daytime telephone | |
| Mobile telephone | |
| Fax | |

APPLICANT INFORMATION

| | |
|---|--|
| Have any of the currently appointed directors and/or company secretaries ever been registered as banned and disqualified individuals with the Australian Securities and Investment Commission (ASIC)? # | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have any of the currently appointed directors and/or company secretaries even been disqualified from managing corporations under Part 2d.6 of the <i>Corporations Act 2001</i> ? # | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has this entity or any affiliated entities, ever entered into voluntary administration, receivership, liquidation or insolvency? # | <input type="checkbox"/> Yes <input type="checkbox"/> No |

* If applicant is a company, a current company search with details of the directors is to be lodged with this application.

If you have responded 'Yes' to the above questions, please attach further information with your application.

Individual 1

Please only complete if applicant is an individual

| | | | |
|--|--|--|--|
| 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: | | |
| First Name | | Surname | |
| Email | | | |
| Residential address | | | |
| Postal address | | | |
| Daytime telephone | | | |
| Mobile telephone | | | |
| Fax | | | |
| APPLICANT INFORMATION | | | |
| Have you ever been declared bankrupt or sought protection from any bankruptcy laws? # | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever been convicted anywhere in Australia or overseas of an offence that resulted in at least 12 months imprisonment? # | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If you have responded 'Yes' to the above questions, please attach further information with your application.

Individual 2

Please only complete if there is more than one individual applicant

| | | | |
|--|--|--|--|
| 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: | | |
| First Name | | Surname | |
| Email | | | |
| Residential address | | | |
| Postal address | | | |
| Daytime telephone | | | |
| Mobile telephone | | | |
| Fax | | | |
| APPLICANT INFORMATION | | | |
| Have you ever been declared bankrupt or sought protection from any bankruptcy laws? # | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Have you ever been convicted anywhere in Australia or overseas of an offence that resulted in at least 12 months imprisonment? # | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

If you have responded 'Yes' to the above questions, please attach further information with your application.

| | |
|--|--|
| Date Required (Please advise the date you require legal occupation of this land NB: ASAP is not a valid response.) | |
| Special Circumstances (Are there any special circumstances the Department needs to take into consideration in assessing your application?. Examples may include, but not limited to; Emergency or Security requirements; Health, Safety or Wellbeing implications; Funding deadlines; Possible delays of associated planned works; Requirements of other Licences/Permits; Financial or hardship impacts etc.) | |

Particulars of adjoining land held by applicant

| | |
|--------------------------------|--|
| Lot/ section/DP | |
| Locality/street address | |

Land details

General text description of land* (provide Lot/Section/DP number, Parish and County if known)

*Include copy of any relevant map, street directory or sketch to show the location and boundary of proposed license.

Proposed use of land

Usage/structure/s (insert particulars of existing and proposed structures)

Declaration (up to 2 parties)

| | | | |
|--|--|-------------|--|
| I | | | |
| And I | | | |
| declare that: <ul style="list-style-type: none"> I am over 18 years of age the information given in this application is true and correct and I have not withheld any information likely to affect the success of my application. | | | |
| Signature | | Date | |
| Signature | | Date | |

Supporting documentation checklist

- Copy of any relevant map, street directory or sketch showing the location and boundary of proposed licence
- Current business / company search with details of the directors (for business / company applications only)

Lodgement

Please send completed application to:

NSW Planning, Industry & Environment – Crown Lands, PO Box 2155, DANGAR NSW 2309

or

Email: licences@crowland.nsw.gov.au

(NB: Do not send a manual payment if you lodge your application by email. Instead, please tick the "Tax Invoice" box below).

Include fee payment

Please tick this box if paying by Cheque or Money Order
(Make payable to the Department of Planning, Industry & Environment – Crown Lands)

Please tick this box if you would prefer a Tax Invoice to be sent to you

(NB: Must be ticked if lodging application by email)

| | | | | | | |
|--|---------------|----------------|-----------------|----------------|----------|--|
| Office use only – Refer to the Receipting and Referrals Codes Document | | | | | | |
| <input type="checkbox"/> BCD | Referral Code | BCDLI | Receipting Code | TEN/LI/GEN | TRIM DOC | |
| Fee Paid | | Receipt Number | | Account number | | |
| Date | | | | | | |