

Revocation of existing tenure and issue of a new licence

Use this form to revoke a tenure and request a new licence be issued to a proposed new holder.

Fee

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

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

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.

Current holder details

Current holder one

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	
Family name	
Company name	
Contact person	
ABN/ACN	
Residential address	
Postal address	
Home telephone	
Work telephone	
Mobile telephone	
Email address	
Future contact details (if insufficient space below, please provide details and attach with application form)	

Current holder two

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	
Family name	
Company name	
Contact person	
ABN/ACN	
Residential address	
Postal address	
Home telephone	
Work telephone	
Mobile telephone	
Email address	
Future contact details (if insufficient space below, please provide details and attach with application form)	

Declaration – current holder/s

Purpose of the existing licence			
Date of transfer			
<input type="checkbox"/> I <input type="checkbox"/> We, being the holder/s of the licence specified below request that the licence be revoked and a new licence to authorise the occupation be used to the new holder/s listed below. On termination, I forgo any right to remove any authorised structures (see below) on the land.			
Licence no:			
Lot/section/DP			
Locality			
Authorised structures			
Signatures of holder 1		Date	
Signatures of holder 2		Date	

Proposed new holder details

Application type

Applicant is	<input type="checkbox"/> A business/company <input type="checkbox"/> Individual(s)
---------------------	--

Business/company information—new licence holder

Please only complete if applicant is a business/company

Organisation/business name	
Contact person	
Email	
ABN/ACN	
Address	
Postal address	
Daytime telephone	
Mobile telephone	
Daytime contact	

APPLICANT INFORMATION	
Have any of the currently appointed directors and/or company secretaries ever been registered as banned & 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 business/company, a current business/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 one—new licence holder

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		
Family name		
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 two – new licence holder

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		
Family name		
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.

Declaration - new holder(s)

Proposed use of licence area			
I			
And I			
<p>declare that:</p> <ul style="list-style-type: none"> • I am over 18 years of age • 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	

To be completed by lodging agent

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	
Family name	
Organisation	
Address	
Contact phone	
Email address	
Your reference	
Date	

Supporting documentation checklist

- A current company search with details of the directors—business/company applicants only
- Copy of certificate of incorporation verifying the registration of the incorporation—incorporated applicants only
- Land management strategy details are to be provided for any licence with purpose of grazing.
- If a deceased estate, please include a copy of will, death certificate and probate.

Land management strategy

The details provided in this section of your application will determine the special conditions enforceable under the licence agreement. Please provide as much detailed information as possible.

1. Proposed use of Crown land. For example particulars of existing and proposed structures required to supplement use, if used in conjunction with adjoining land or as a stand-alone parcel of land and any other information relation to the use of Crown land.

2. Please identify the type of stock and the stocking rate you intend to apply to the land.

3. Please identify any immediate management issues you consider to be a priority for this parcel of land.

4. Does the parcel of land have a creek/river or any other 'waterbody'?

No Yes provide details below and advise whether it is fenced off to exclude stock?

5. Outline your experience in land management and how your knowledge and expertise will ensure ongoing appropriate management of the parcel of land.

6. Please outline your drought management strategy. How do you intend to maintain acceptable groundcover during drought conditions? For example de-stocking, restricted grazing, sale, agistment, supplementary feeding.

7. Please outline your bushfire hazard reduction plan. Under the *Rural Fires Act 1997* landholders are required to take the necessary steps to prevent the occurrence and spread of bushfires.

8. Please describe current fencing condition and your intended maintenance/replacement program. Boundary fences are to contain stock and any maintenance/replacement requires negotiation with adjoining landholder.

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	