

PERSONAL DETAILS SCHEDULE

To be completed by each individual if identified in Section 2.

Office Use Only

Date received

Receipt No

Amount received

Instructions

Please complete in BLOCK letters. Attach extra pages if needed. If you need help completing this form, contact the Office of Liquor, Gaming and Racing on (07) 4637 6016.

Privacy Statement – Please read

The Department is collecting information, including personal information, for the purposes of the *Wine Industry Act 1994*. In accordance with the legislation, some personal information may be passed to the Queensland Police Service to assist with criminal history searches, and business information is placed on a register that may be inspected by the public. In other instances, information on this form can be disclosed without your consent where authorised or required by law.

Warning: False or misleading statements will attract a maximum penalty of 100 penalty units or 6 months imprisonment and may lead to immediate cancellation of licence.

Copyright protects this document. The State of Queensland has no objection to this material being reproduced, made available online or electronically, but only if it is recognised as the owner of copyright and this material remains unchanged.

Criminal History Check

A criminal history check will be conducted for each new person named on the application form (eg. Licensee, nominee or company director).

A fee applies for each criminal history check required. Fees should be included in the “amount authorised” at payment details.

To enable police checks to be conducted, please attach a photocopy of current photographic identification, certified by a Justice of the Peace, Commissioner for Declarations or police officer as a true and correct copy. Acceptable forms of identification include Driver's Licence or Permit, Card 18+ or Proof of Age Card, Passport, Weapon's Licence, Security Provider's Licence.

**Section 1
Details of
premises**

Name of premises

Address of premises

Locality/Suburb State Postcode

Wine licence number (if applicable)

**Section 2
Personal
details**

If you are identified as one of the following you must complete this form (each individual to complete a separate form):

- Proposed Nominee
- Proposed Licensee
- Company Director
- Business Partner (including silent business partner)
- Any other person having an influence in the conduct of the premises

Surname or family name

First name Middle name

Previous names (eg Maiden name)

Male Female

Town/City of Birth

Date of Birth / /
D D M M Y Y Y Y

**Section 4
Previous
licence details**

Have you held a liquor or wine licence within Queensland within the last 3 years?

- No – Go to Section 5
- Yes – Please give details

Licensee name

Nominee (if applicable)

Name of premises

Address of premises

Locality/Suburb State Postcode

Type of involvement (eg manager, nominee)

Release date / /
D D M M Y Y Y Y

**Section 5
Criminal
history**

Have you ever been charged with a criminal offence?

- No
- Yes – Please provide details of the offence

.....
.....

**Section 6
Prior
experience**

Have you had any experience in grape or fruit growing, wine making, or any other aspect of the wine industry?

- No
- Yes – Please provide details

.....
.....

**Section 7
Bankruptcy/
liquidation
receivership
details**

Have you, or any company/business partnership you have been involved in, been declared bankrupt or entered into liquidation or receivership?

- No
- Yes – Please give full details surrounding these circumstances including:
 - Evidence of date of discharge
 - List of creditors involved
 - Amount of debt involved
 - Monies paid back

Please note that your application cannot be finalised until this information is provided.

**Section 8
Signature and
declaration**

I have checked the answers I have given and state that they are true and correct in every detail. NOTE: It is an offence to supply incorrect or misleading information.

In submitting this application, I also consent to a national criminal history check being conducted by the Queensland Police Service (QPS) and for QPS and other Australian police services to disclose criminal history information and any impending charges to the Office of Liquor, Gaming and Racing. I understand any disclosures will be subject to applicable Commonwealth, State or Territory legislation and/or police policy.

Name

Signature

(Please note signature by Power of Attorney is not acceptable on this form.)

Date / /
D D M M Y Y Y Y

**Lodgement
details**

Please lodge the completed application, any supporting documentation and fees at the Office of Liquor, Gaming and Racing at the address below:

By mail: PO Box 841, Toowoomba Qld 4350

In person: 137 Herries Street, Toowoomba Qld 4350

For further information phone (07) 4637 6016 or visit www.olgr.qld.gov.au