

## Australian BORDER FORCE

## Customs Act 1901 Application for Section 79 Warehouse Licence

Please open this form using Adobe Acrobat Reader. Either type in the fields provided or print this form and complete it using a pen and BLOCK LETTERS. Tick where applicable 🖌

| 1. Contact details for the application  |           |                         |             |                |          |
|---|-----------|-------------------------|-------------|----------------|----------|
| Contact person's name   |           |                         | Designatior | Designation    |          |
|   |           |                         |             |                |          |
| Postal address  |           | Suburb                  |             | State          | Postcode |
| Email address   |           | Contact number (busines | s hours)    | Mobile number  |          |
| Email address   |           |                         | s nours)    |                |          |
|   |           |                         |             |                |          |
| 2. Client details   |           |                         |             |                |          |
| Client name   |           |                         | ABN         |                |          |
|   |           |                         |             |                |          |
| 2 Establishment (Mersheuse) nome and address  |           |                         |             |                |          |
| 3. Establishment (Warehouse) name and address<br>Establishment (Warehouse) name           | 5         |                         |             |                |          |
|   |           |                         |             |                |          |
| Physical site address   |           | Suburb                  |             | State          | Postcode |
|   |           |                         |             |                |          |
|   |           |                         |             |                |          |
| 4. After hours contact  |           |                         |             |                |          |
| After hours contact person's name   |           |                         |             |                |          |
| Email address   |           |                         |             | Contact numbe  | r        |
|   |           |                         |             |                | •        |
|   |           |                         |             |                |          |
| 5. After hours security   |           |                         |             |                |          |
| Do you contract an after hours security company?  | No Yes If | Yes, provide details.   |             |                |          |
| Company name  |           |                         |             |                |          |
|   |           |                         |             |                |          |
| Email address   |           |                         |             | Contact number |          |
|   |           |                         |             |                |          |
|   |           |                         |             |                |          |
| 6. Head office  |           |                         |             |                |          |
| Street address  |           | Suburb                  |             | State          | Postcode |
| Destal address  |           | Suburb                  |             | Chata          | Destanda |
| Postal address  |           |                         |             | State          | Postcode |
|   |           |                         |             |                |          |
| 7. Integrated Cargo System (ICS) Client Registra  | tion      |                         |             |                |          |
| Have you completed the ICS Client Registration process using the ABN stated above? No Yes |           |                         |             |                |          |
| Have you completed the ICS Client Registration process using the ABN stated above? No Yes |           |                         |             |                |          |
|   |           |                         |             |                |          |
|   |           |                         |             |                |          |
|   |           |                         |             |                |          |
|   |           |                         |             |                |          |

## 8. Company membership and persons who participate in the management or control of the warehouse

The applicant and all persons in positions of management or control are required to be fit and proper. The ABF considers a person to be in management or control if they:

· have authority to direct operations or activities at a warehouse;

· are involved in, or have an influence over, the policies and procedures of the warehouse; or

· direct the receipt or release of goods at a warehouse.

A person is considered to be in management irrespective of whether their role is active or passive; and whether they are physically located at the warehouse.

This includes all directors, managers and customs brokers on site and includes (but not limited to) employees with:

· the authority to direct operations and/or release cargo;

· access to the ICS; or

· after hours access.

| Full name  | Position | Contact number | Email address |  |
|--|----------|----------------|---------------|--|
|  |          |                |               |  |
|  |          |                |               |  |
|  |          |                |               |  |
|  |          |                |               |  |
|  |          |                |               |  |
|  |          |                |               |  |
|  |          |                |               |  |
|  |          |                |               |  |
| If insufficient space, attach additional details |          |                |               |  |

9. Prior experience

No

Does the applicant or any of the persons nominated in a position of management or control have any prior experience in the operation of a licensed warehouse?

Yes If Yes, provide a brief outline (If insufficient space, attach additional details)

| 10. Description of goods  |          |
|---|----------|
| Description of product  | Quantity |
| 1.  |          |
| 2.  |          |
| 3.  |          |
| What is the estimated maximum revenue liability for the goods that will be stored in the warehouse at any one time? |          |
| Will the licensee be the owner of all the goods that will be stored in the warehouse?                               |          |
| No If No, provide the name of the owner(s) and respective ABN(s) below Yes  |          |

| 11. Warehouse activities  |                                      |                   |  |  |
|---|--------------------------------------|-------------------|--|--|
| List the activities you propose to undertake should the warehouse licence be approve  | d (If insufficient space, attach add | ditional details) |  |  |
| 1.  |                                      |                   |  |  |
| 2.  |                                      |                   |  |  |
| 3.  |                                      |                   |  |  |
| 4.  |                                      |                   |  |  |
| 5.  |                                      |                   |  |  |
| 6.  |                                      |                   |  |  |
| 7.  |                                      |                   |  |  |
| 8.  |                                      |                   |  |  |
| 0.  |                                      |                   |  |  |
| 12. Storage of duty paid/free goods   |                                      |                   |  |  |
| Do you wish to store duty paid/free goods within the area to be licenced?   | No                                   | Yes               |  |  |
| 13. Duty free shops   |                                      |                   |  |  |
| Are you applying for permission to operate as a duty free shop?   |                                      |                   |  |  |
| No Yes If Yes, indicate the type of duty free shop you propose to operative   | te                                   |                   |  |  |
| On-Airport inwards On-Airport outwards  | Off-Airport                          |                   |  |  |
| <b>14. Storage of excisable goods</b> Will you be storing excisable goods?         No       Yes         If Yes, do you have the required licence(s) granted by the Australian Taxation Office (ATO)?         No       Yes         No       Yes         Note: If you wish to store excisable goods or use imported EEGs in the manufacture of excisable goods and you are not applying for a licence as a Catering Bond, Provedore or Duty Free Shop, you will need to contact the ATO directly. |                                      |                   |  |  |
| 15. Additional information for Provedores and Catering bonds  |                                      |                   |  |  |
| Are you applying for permission to supply aircrafts or ships' stores to an aircraft or ver<br>No Yes If Yes, which permission are you seeking?  | ssel?                                |                   |  |  |
| Provedore (ships' stores) Catering Bond (aircr  | afts stores)                         |                   |  |  |
| Will you be selling alcohol and/or tobacco as aircrafts or ships' stores?   | No                                   | Yes               |  |  |
| Details of the companies that will supply EEG goods to the warehouse:   |                                      |                   |  |  |
| Name of company   | Establishment code                   | ABN               |  |  |
| 1.  |                                      |                   |  |  |
| 2.  |                                      |                   |  |  |
| 3.  |                                      |                   |  |  |
| What is the quantity of product you expect to receive each year?<br>Description of product  |                                      | Quantity          |  |  |
| 1.  |                                      |                   |  |  |
| 2.  |                                      |                   |  |  |
| 3.  |                                      |                   |  |  |
|   |                                      | ļ                 |  |  |
| 16. Third party entities  |                                      |                   |  |  |
| Are you sharing the premises with any other third party entities?<br>No Yes If Yes, provide details ( <i>If insufficient space, attach additional details</i> )   |                                      |                   |  |  |
|   |                                      |                   |  |  |
|   |                                      |                   |  |  |
|   |                                      |                   |  |  |

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|--|---|------------------------------|
| 17. Section 77G depot  |   |                              |
| Will any part of the premises where the warehouse w  | ill be located be licensed as a section 77G depot? No Yes   |                              |
| <b>18. Quality Management System</b> Do you have a certified Quality Management System         No       Yes         If Yes, state which standard you                                     | ?<br>u are using (If insufficient space, attach additional details)   |                              |
| 19. Standard Operating Procedures (SOPs)   |   |                              |
| Do you have documented SOPs in place that may be   | made available upon request by the Australian Border Force (ABF)?   | No Yes                       |
| 20. Attachments  |   |                              |
| All documents are mandatory for the application. Plea  | ase tick each when you have attached the required document.   |                              |
| Employee staff list  | Warehouse site plans  | ancial security              |
| Corporate membership structure   | Physical separation and construction of premises  | urance                       |
| Company extract  | Physical security of the premises   | ty free shop standard        |
| Financial information  | Ownership / Lease verification (if a  | rating procedures pplicable) |
| Related companies  | Examination equipment   |                              |
| Fit and Proper (B301) forms  | Warehousing procedures and recording systems  |                              |
| Asbestos Report / Occupancy Certificate  | Provedore / Catering Bond Contracts (if applicable)   |                              |
| <ul> <li>21. Declaration</li> <li>I declare that:</li> <li>I have supplied all information in the application for</li> <li>all the information provided above and relevant at</li> </ul> | rm and attachments as outlined above, and tachments in relation to this section 79 warehouse licence application a  | re true and correct.         |
| Signature  | Name  | Date                         |
|  |   |                              |
| Privacy  |   |                              |
| with the Australian Privacy Principles in Schedule 1 of information can be found in the Department of Home   | be collected, used, stored and disclosed by the Australian Border Force<br>of the <i>Privacy Act 1988</i> . Further information regarding how the ABF han<br>e Affairs' (the Department) Privacy Policy <b>www.homeaffairs.gov.au/act</b><br>ntacting the Department's Privacy Help Desk by email <b>privacy@home</b> | dles personal cess-and-      |
| Submitting this form   |   |                              |
|  | ts have been completed, please submit your application to:  |                              |
| On receipt of your application you will be invoiced fo   |   |                              |
|  | General require further details in relation to this application. Should no receipt of this application, whether this application has been approved  |                              |
|  |   |                              |