

APPLICATION TO REGISTER PREMISES AS A WHOLESALER

Chief Poisons Inspector
Department of Health and Families
PO Box 40596
CASUARINA NT 0811

Phone: (08) 8922 7341
Fax: (08) 8922 7200

I hereby apply to register premises as a Wholesaler under the *Poisons and Dangerous Drugs Act*.
In support of my application I submit the following information:

DETAILS OF APPLICANT

FULL NAME	DATE OF BIRTH
ADDRESS	TELEPHONE
OCCUPATION	
PROFESSIONAL QUALIFICATIONS	

DETAILS OF NOMINATED PERSON

FULL NAME	DATE OF BIRTH
ADDRESS	TELEPHONE
OCCUPATION	
PROFESSIONAL QUALIFICATIONS	

DETAILS OF BUSINESS

NATURE OF BUSINESS	
NAME OF BUSINESS TO BE REGISTERED	
BUSINESS ADDRESS (if more than one premises, show all addresses)	
TELEPHONE	FACSIMILE
BUSINESS POSTAL ADDRESS	



State reason for application for registration

State poisons or class of poisons for which licence is required

State where poisons will be stored (specify in which part of the premises)

Give details of special security arrangements and attach a plan of the premises showing the nature and location of security devices

Is the poison for use by you in the course of your business? Yes No

Is the poison for use by your employees in the course of their employment? Yes No

Is the poison to be distributed or sold to other persons? Yes No

State length of period of residence in the Northern Territory

If less than 5 years, state previous place or places of residence

I understand that the nominated person must comply with the provisions of the *Poisons and Dangerous Drugs Act*, and is responsible for the control of all poisons, and of all employees who handle the poisons.

NOMINATED PERSON'S SIGNATURE DATE...../...../20.....

APPLICANT'S SIGNATURE DATE...../...../20.....