Biz Secure 2022 Cluster Business Application Form

Business Details

* indicates a required field

The Biz-Secure Program ("Program") is intended to support Territory businesses to enhance the security of their premises against the risk of break-in. This initiative will also support the safety and security improvement sectors by requiring that businesses use other local businesses to carry out improvement works.

Important notes before you start

Cluster Business means a group of businesses which all operate from the same Premises (or if more than one Premises, then all Premises are in the immediate vicinity of each other) and the group contains at least two Eligible Recipients.

All Eligible Recipients within the Cluster Business must have one owner or be managed by one body corporate.

Eligible Recipient means a Territory Enterprise that:

- is a Territory Enterprise (either a for-profit or not-for-profit business); and
- is a legal entity (including a sole trader or partnership) trading under a business name registered in the NT that held and continues to hold a valid Australian Business Number (ABN); and
- is physically located in the Northern Territory, and
- services its customers or clientele from a shopfront premises or has at least one external publicly accessible entry/ exit point, and
- offers goods and/ or services to the public (and, in the case of a not-for-profit business enterprise it is a Not-for-Profit Organisation), and
- has no more than 100 persons engaged by the business (including any controlling entity/ies and including full-time and part-time proprietors and employees, including contract employees), and
- is an incorporated/ registered business, and
- holds a valid ABN in respect of the business, and
- if is a Not-for-Profit Organisation, is compliant and up to date with its legal obligations, and
- is not an Excluded Recipient.

Please refer to the Terms and Conditions for full details.

Applications received without all required documents will delay the assessment of your application.

You can save this application and come back to it at any time. You do not need to complete the form all at once.

				• • •	_
$\Delta r \Delta$	you	Δ	חו	ıhı	Δ /
$\Delta I \subset$	you		шЧ	וטו	C:
	_		_		

The businesses part of	the cluster under this application are Eligible Recipients as
defined under the Prog	ram Terms and Conditions *
○ Yes	○ No - ineligible

All the Cluster Business pro single body corporate *	emises are owned	by a single	landlord or are under a
• Yes	0 1	No	
Are you applying for a clus O Yes To be eligible, you must have 2 or	0 1	No - ineligible	
Do the Eligible Recipients s Yes		omers from No - ineligible	
Do the Eligible Recipients I	nave at least one	external pu	blicly accessible entry/
exit point? * O Yes	0 1	No - ineligible	2
Do you and the eligible recinformation being shared by agencies/ advisers/ bodies eligibility under this progra	etween/ with rele for the purposes	vant NT Go	vernment and external
○ Yes		No - ineligible	2
Monitoring and evaluat	ion of Biz Secur	e	
These questions are for resear	ch and evaluation p	urposes only	
How did you hear about the ☐ Newspaper	e Business Securit		ce Program * ☐ Friend/ family/
□ Social media	□ Radio	[acquaintance Information from Security Auditor
☐ Internet search engine	☐ Press Release/ Announcement		Other:
Business/ organisation out conditions to *	look: in the next 1	.2 months,	l expect business
In the last 12 months, have	e one or more of y	our cluster	businesses been the
<pre>subject of break-in(s)? *</pre>	0 1	No	
How many times? * ○ 1 ○ 2	O 3	O 4	○ 5+
Estimated value of damage	• *		
\$ Must be a dollar amount.			
Application details			

The premises of all businesses participating in this cluster application must be either owned by a single landlord or be part of a body corporate.

wno are you applying as: *	`		
Cluster Representative			
This will be the business actinapplication.	g on behalf of the clu	ster businesses and i	s responsible for the
If approved under the progran	n, this is who the vou	chers will be issued to	ο.
Are you an Aboriginal or To Yes	orres Strait Islande ○ N	-	
Legal Entity Name/ Trustee Organisation Name	e Name/ Organisati	on Name *	
Legal entity name (not trading na e XYZ Pty Ltd ATF XYZ family trus			the trustee's details i/
Business Trading Name *			
Can be the same as legal entity n	ame		
Legal Entity Type * ○ Company ○ Sole Trace	der 🔾 Trust	○ Partnership	Not-for-ProfitOrganisation
ABN *			
The ABN provided will be used check that you have entered t		ving information. Click	Lookup above to
Information from the Australian E	Business Register		
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)			
DGR Endorsed			
ATO Charity Type	More information		
ACNC Registration			
Tax Concessions			
 Main business location			

Must be an ABN.

Office Address * Address						
Address Line 1, Suburb/Town, State/F	Province, Po	stcode, and Country	are required.			
Postal Address * Address						
Address Line 1, Suburb/Town, State/F	Province, ar	nd Postcode are requ	iired.			
Business contact details						
The Department will use the belo anything further.	w details t	o make contact w	ith you, should we	e require		
Phone Number *						
	Include area code if a landline. Must contain 10 characters eg 0889995511					
Email *						
	Preferred email address for all written correspondence. If approved your voucher/s will be sent to this address					
Representative contact de	etails					
Must be the principal of the busin i.e. owner, director, partner, chair			tative for the clus	ter.		
Full name *	Title	First Name	Last Name			
Position *						
	Must be th	e owner, director, pa	artner or chairperso	n of the Board		
Phone Number *	Must be ar	n Australian phone n	umber.			
Alternate Phone Number						
	Must be ar	n Australian phone n	umber.			
Email *	Must be ar	n email address.				
	. I G J L D C GI	. cilian addicas.				

•	٠.	_	_	_	•	٠,	_	_
	•		. 45	. 45	. asc E	. asc b	. 45. 50	rust Dee

If your Legal Entity is a **Trust**, you will need to upload a copy of the Trust Deed to provide confirmation of who your Trustee is.

Legal Entity name in the Business details section should be written as;

ABC Pty Ltd as trustee for ABC Family Trust

or

John Smith as trustee for ABC Family Trust

Please contact your accountant if you are unsure.

ate with legal obligations (AGM, annual return ntil it is compliant.
in the program as well as works and co-
○ No - ineligible
ard *

Landlord approval to participate

Body Corporate, Unit Plan, Property Manager or **Participating Business** applicants must provide minutes of meeting approving Biz Secure application and security improvement works

Applications received without valid documents may not be eligible.

Attach a file:
Ea. Minutes of meeting or other relevant evidence

Landlord Details

* indicates a required field

Are you an Aboriginal or Torres Strait Islander enterprise? *

○ Yes	○ No	
Legal Entity Name/ Trustee Na Organisation Name	me/ Organisation Name *	
Legal entity name (not trading name). e XYZ Pty Ltd ATF XYZ family trust and		ovide the trustee's details i
Business Trading Name *		
Legal Entity Type *		
○ Company ○ Sole Trader	○ Trust ○ Partnersh	nip O Not-for-Profit Organisation
If your entity is a trust you will need to	provide a copy of the trust deed	Organisation
ABN *		
The ABN provided will be used to I check that you have entered the A		Click Lookup above to
Information from the Australian Busin	ess Register	
ABN		
Entity name		
ABN status		
Entity type Goods & Services Tax (GST)		
DGR Endorsed		
	More information	
ACNC Registration	-iore information	
Tax Concessions		
Main business location		
Must be an ABN.		
Office Address *		
Address		
Address Line 1, Suburb/Town, State/Pr	ovince, Postcode, and Country are re	quired.
Postal Address *		
Address		
Address Line 1, Suburb/Town, State/Pr	rovince, Postcode, and Country are re	quired.

Phone Number *				
Must be an Australian phone number				
Landlord contact details				
Full name *	Title	First Name	Last Name	
Position *				
Phone Number *	Must he an	ı Australian phone n	umher	
Email *		email address.		
Trust Deed				
If your Legal Entity is a Trust , yo confirmation of who your Trustee		I to upload a copy	of the Trust Deed	to provide
Legal Entity name in the Busine ABC Pty Ltd as trustee for ABC Fa			written as;	
John Smith as trustee for ABC Far	mily Trust			
Please contact your accounta	nt if you	are unsure.		
Upload copy of Trust Deed * Attach a file:				
Approval to participate				
Not-for-Profit Organisation's must etc.). Your application will not be				nual return,
Has the Board authorised par contribution? * ○ Yes	ticipation	in the program O No - ineligib		s and co-
Upload evidence of approval I Attach a file:	by the Bo	_		

Participating Eligible Recipient Details

*	ind	licates	а	requ	ıired	fiel	d
---	-----	---------	---	------	-------	------	---

\sim 1				
(II	ıster	dei	าลเ	ıς

Entity type

Please nominate all the businesses/ organisations that are included in this application.
Full Details will need to be provided for each so that we can assess eligibility.
Main street address of cluster (where all businesses are located) * Address
Provide the actual street address of where all businesses are located. This MUST not be residential
How many businesses are part of this cluster application? *
To be eligible, you must have 2 or more associated businesses included in the Cluster
Participating Eligible Recipient 1
Legal Entity Name/ Trustee Name/ Organisation Name *
Legal entity name (not trading name). If your entity is a trust, you must provide the trustee's details in e XYZ Pty Ltd ATF XYZ family trust and include a copy of the trust deed.
Business Trading Name * Organisation Name
Legal Entity Type * ○ Company ○ Partnership ○ Sole Trader ○ Trust ○ Not-for-Profit
Organisation if your entity is a trust or not for profit organisation you will need to upload additional documents below
ABN *
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.
Information from the Australian Business Register
ABN
Entity name
ABN status

Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN.		
Physical Business Address * Address		
Must include shop/ office or unit num	bers	
Do you own the premises or a ○ I am the owner	are you a tenant with a lease agreemen	1t? *
Website		
Must be a URL.		
Participating Eligible Reci	pient 1 - Trust Deed	
If your Legal Entity is a Trust , yo confirmation of who your Trustee	ou will need to upload a copy of the Trust De ϵ is.	ed to provide
Legal Entity name in the Busine	ess details section should be written as;	
ABC Pty Ltd the trustee for ABC F	amily Trust	
or		
John Smith the trustee for ABC Fa	amily Trust	
Please contact your accounta	nt if you are unsure.	
Upload copy of Trust Deed * Attach a file:		
Participating Eligible Reci	pient 1 - approval to participate	
Not-for-Profit Organisation's mus etc.). Your application will not be	t be up to date with legal obligations (AGM, assessed until it is compliant.	annual return,
	ticipation in the program as well as wo	orks and co-
contribution? * O Yes	○ No - ineligible	
~	<u></u>	

Upload evidence of approval Attach a file:	by the Bo	ard *		
Participating Eligible Rec	ipient 1 -	· lease agree	ement	
Upload current signed lease Attach a file:	agreemen	t *		
Participating Eligible Rec	ipient 1 -	contact det	ails	
Full name *	Title	First Name	Last Name	
Position *				
Phone Number *	Must be ar	n Australian phone	e number.	
Email *	Must be ar	n email address.		
Participating Eligible Rec	ipient 2			
Legal Entity Name/ Trustee I	Name/ Org	anisation Nam	e *	
Legal entity name (not trading name XYZ Pty Ltd ATF XYZ family trust a				rustee's details i,
Business Trading Name * Organisation Name				
Legal Entity Type * ○ Company ○ Partnershi	p 🔾 Sol	e Trader	•	Not-for-Profit
if your entity is a trust or not for probelow	ofit organisat	ion you will need		ganisation documents
ABN *				
The ABN provided will be used t check that you have entered the			rmation. Click Loo	kup above to
Information from the Australian Bu	siness Regist	cer		

ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN.		
Physical Business Address * Address		
Must include shop/ office or unit num	bers	
Do you own the premises or a ○ I am the owner	re you a tenant with a lease ag	reement? *
Website		
Must be a URL.		
Participating Eligible Reci	pient 2 - Trust Deed	
If your Legal Entity is a Trust , yo confirmation of who your Trustee	u will need to upload a copy of the is.	Trust Deed to provide
Legal Entity name in the Busine	ss details section should be writter	ı as;
ABC Pty Ltd the trustee for ABC F	amily Trust	
or		
John Smith the trustee for ABC Fa	mily Trust	
Please contact your accounta	nt if you are unsure.	
11.1		
Upload copy of Trust Deed * Attach a file:		
. 3 22		

Participating Eligible Recipient 2 - approval to participate

Not-for-Profit Organisation's must be up to date with legal obligations (AGM, annual return, etc.). Your application will not be assessed until it is compliant.

Has the Board authorised part contribution? *	ticipatior	in the program	as well as work	s and co-
○ Yes	No - ineligib	○ No - ineligible		
Upload evidence of approval k Attach a file:	oy the Bo	ard *		
Participating Eligible Recip	pient 2 -	lease agreen	nent	
Upload current signed lease a Attach a file:	greemen	t *		
Participating Eligible Recip	pient 2 -	contact detai	ils	
Full name *	Title	First Name	Last Name	
Position *				
D				
Phone Number *	Must he ar	Australian phone n	umher	
F	Must be ut	- Australian phone n	umber.	
Email *	Must be ar	email address.		
Participating Eligible Recip	pient 3			
Legal Entity Name/ Trustee Na	ame/ Org	anisation Name	*	
Legal entity name (not trading name) e XYZ Pty Ltd ATF XYZ family trust an				itee's details i/
Business Trading Name * Organisation Name				
Legal Entity Type * ○ Company ○ Partnership	○ Sol	e Trader 💍 Tru		ot-for-Profit
if your entity is a trust or not for profi below	t organisat	ion you will need to		nisation ocuments
ABN *				

The ABN provided will be used to	look up the following information. Click Lookup above to
check that you have entered the	
Information from the Australian Busi	ness Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	
Must be an ABN.	
Physical Business Address * Address	
Must include shop/ office or unit num	bers
Do you own the premises or a O I am the owner	re you a tenant with a lease agreement? * O I am the tenant
Website	
Must be a URL.	
Participating Eligible Recip	pient 3 - Trust Deed
If your Legal Entity is a Trust , you confirmation of who your Trustee	u will need to upload a copy of the Trust Deed to provide is.
Legal Entity name in the Busine	ss details section should be written as;
ABC Pty Ltd the trustee for ABC F	
	amily Trust
or	amily Trust
or	
•	mily Trust
or John Smith the trustee for ABC Fa	mily Trust

Participating Eligible Recipient 3 - approval to participate

Not-for-Profit Organisation's must be up to date with legal obligations (AGM, annual return, etc.). Your application will not be assessed until it is compliant.

Has the Board authorised par contribution? * ○ Yes	ticipatior	in the program O No - ineligib		s and co-
Upload evidence of approval I Attach a file:	by the Bo	ard *		
Participating Eligible Reci	pient 3 -	lease agreen	nent	
Upload current signed lease a Attach a file:	agreemen	t *		
Participating Eligible Reci	pient 3 -	contact detai	ls	
Full name *	Title	First Name	Last Name	
Position *				
Phone Number *	Must be ar	ı Australian phone n	umber.	
Email *	Must be ar	email address.		
Participating Eligible Reci	pient 4			
Legal Entity Name/ Trustee N	ame/ Org	anisation Name	*	
Legal entity name (not trading name e XYZ Pty Ltd ATF XYZ family trust ar				tee's details i/
Business Trading Name * Organisation Name				
Legal Entity Type *				

, ,	•	○ Sole Trader	○ Trust	Not-for-ProfitOrganisation
if your entity is a trus below	st or not for profit	organisation you will	need to upload	additional documents
ABN *				
			g information.	Click Lookup above to
check that you hav				1
Information from the	e Australian Busine	ess Register		
ABN				
Entity name				
ABN status				
Entity type	(CCT)			
Goods & Services Ta	ax (GST)			
DGR Endorsed		Anna information		
ATO Charity Type ACNC Registration	<u>N</u>	<u>More information</u>		
Tax Concessions				
Main business locati	on			
Must be an ABN.				
Must be all Abiv.				
Physical Busines	s Address *			
Address				
Must include shop/ of	ffice or unit number	orc		
Must iliciade shop, of	ince of unit number	E15		
Do you own the p		•		greement? *
○ I am the owner		() Tarr	i the tenant	
Website				
Must be a URL.				
Participating E	ligible Recip	ient 4 - Trust D	eed	
If your Legal Entity confirmation of wh			a copy of the	Trust Deed to provide
Legal Entity name	e in the Busines:	s details section sh	ould be writter	n as;
ABC Pty Ltd the tru	istee for ABC Fa	mily Trust		
or				
John Smith the trus	stee for ABC Fan	nily Trust		

Please contact your accounta	nt if you	are unsure.		
Upload copy of Trust Deed * Attach a file:				
Participating Eligible Reci	pient 4 -	approval to p	articipate	
Not-for-Profit Organisation's must etc.). Your application will not be				nual return,
Has the Board authorised par contribution? *	ticipation			s and co-
○ Yes		O No - ineligib	le	
Upload evidence of approval l Attach a file:	by the Bo	ard *		
Participating Eligible Reci	pient 4 -	lease agreem	ient	
Upload current signed lease a Attach a file:	greemen	t *		
Participating Eligible Reci	pient 4 -	contact detai	ls	
Full name *	Title	First Name	Last Name	
Position *				
Phone Number *				
	Must be ar	Australian phone n	umber.	
Email *	Mushbasa	and it and durant		
	Must be ar	email address.		
Participating Eligible Recip	pient 5			
Legal Entity Name/ Trustee Na	ame/ Org	anisation Name	*	
Legal entity name (not trading name e XYZ Pty Ltd ATF XYZ family trust ar				tee's details i/

Business Tradi Organisation Nar					
Legal Entity Ty Company	pe * ○ Partnership	○ Sole	Trader	○ Trust	Not-for-ProfitOrganisation
if your entity is a tr below	rust or not for profit	organisatio	n you will	need to upload	d additional documents
ABN *					
	d will be used to lo ave entered the Al			information.	Click Lookup above to
Information from t	the Australian Busine	ess Registe	r		
ABN					
Entity name					
ABN status					
Entity type					
Goods & Services	Tax (GST)				
DGR Endorsed					
ATO Charity Type	<u>M</u>	lore inform	<u>ation</u>		
ACNC Registration	1				
Tax Concessions					
Main business loca	ation				
Must be an ABN.					_
Physical Busine Address	ess Address *				
·	office or unit number			th a loago a	avoomont2 *
○ I am the owne	e premises or are er	e you a te		th a lease a the tenant	greement? *
Website					
Must be a URL.					

Participating Eligible Recipient 5 - Trust Deed

If your Legal Entity is a **Trust**, you will need to upload a copy of the Trust Deed to provide confirmation of who your Trustee is.

Legal Entity name in the Busine ABC Pty Ltd the trustee for ABC F			written as;	
or				
John Smith the trustee for ABC Fa	•			
Please contact your accountage	nt if you a	are unsure.		
Upload copy of Trust Deed * Attach a file:				
Participating Eligible Recip	oient 5 -	approval to p	participate	
Not-for-Profit Organisation's must etc.). Your application will not be				nual return,
Has the Board authorised par	ticipation	in the program	as well as work	s and co-
contribution? * O Yes		○ No - ineligib	ıle	
		_		
Upload evidence of approval l Attach a file:	by the Bo	ard *		
Participating Eligible Recip	oient 5 -	lease agreen	nent	
Upload current signed lease a	greemen	t *		
Attach a file:				
Participating Eligible Recip	oient 5 -	contact deta	ils	
Full name *	Title	First Name	Last Name	
Position *				
Position *				
Phone Number *				
	Must be an	Australian phone n	umber.	
Email *				
	Must be an	email address		

Participating Eligible Recipient 6

Legal Entity Name/ Trustee	Name/ Organisation Name *	
	ne). If your entity is a trust, you must pro and include a copy of the trust deed.	ovide the trustee's details
Business Trading Name *		
Organisation Name		
Legal Entity Type *		
○ Company ○ Partnershi	ip 🔘 Sole Trader 🔘 Trust	Not-for-Profit
if your entity is a trust or not for probelow	ofit organisation you will need to upload	Organisation additional documents
ABN *		
ADIO		
The ABN provided will be used to check that you have entered the	to look up the following information. e ABN correctly.	Click Lookup above to
Information from the Australian Bu	isiness Register	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN.		1
Physical Business Address * Address		
Must include shop/ office or unit nu	mbers	
Do you own the premises or ○ I am the owner	are you a tenant with a lease ag	greement? *
Website		
Must be a URL.		

Participating Eligible Recipient 6 - Trust Deed

If your Legal Entity is a **Trust**, you will need to upload a copy of the Trust Deed to provide confirmation of who your Trustee is.

Legal Entity name in the Business details section should be written as;

ABC Pty Ltd the trustee for ABC Family Trust

or

John Smith the trustee for ABC Family Trust

Please contact your accounta	nt it you a	ire unsure.		
Upload copy of Trust Deed * Attach a file:				
Participating Eligible Reci	pient 6 -	approval to p	articipate	
Not-for-Profit Organisation's must etc.). Your application will not be				nual return,
Has the Board authorised par contribution? *	ticipation	in the program	as well as work	s and co-
○ Yes		No - ineligib	le	
Upload evidence of approval Attach a file:	by the Bo	ard *		
Participating Eligible Reci	pient 6 -	lease agreen	nent	
Upload current signed lease a Attach a file:	ngreemen	t *		
Participating Eligible Reci	pient 6 -	contact detai	ils	
Full name *	Title	First Name	Last Name	
Position *				
Phone Number *	Must be an	Australian phone n	umber.	

Email *		
	Must be an email address.	
Participating Eligible Reci	pient 7	
Legal Entity Name/ Trustee N	ame/ Organisation Name *	
Legal entity name (not trading name e XYZ Pty Ltd ATF XYZ family trust a	e). If your entity is a trust, you must proving include a copy of the trust deed.	vide the trustee's details i
Business Trading Name * Organisation Name		
Logal Entity Type *		
Legal Entity Type * ○ Company ○ Partnership	○ Sole Trader ○ Trust	Not-for-ProfitOrganisation
if your entity is a trust or not for probelow	fit organisation you will need to upload a	
ABN *		
The ABN provided will be used to check that you have entered the	look up the following information. (Click Lookup above to
Information from the Australian Bus	·	
ABN	mess Register	
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN.		
Physical Business Address *		
Address		
Must include shop/ office or unit nun	nbers	

Do you own the premises or are you a tenant with a lease agreement? *

○ I am the owner		○ I am the ten	ant	
Website				
Must be a URL.				
Participating Eligible Reci	pient 7 -	- Trust Deed		
If your Legal Entity is a Trust , yo confirmation of who your Trustee		d to upload a copy	of the Trust Deed	to provide
Legal Entity name in the Busine	ss details	section should be	written as;	
ABC Pty Ltd the trustee for ABC F	amily Trus	st		
or				
John Smith the trustee for ABC Fa	mily Trust	:		
Please contact your accounta	nt if you	are unsure.		
Upload copy of Trust Deed * Attach a file:				
Participating Eligible Reci	pient 7 -	- approval to p	articipate	
Not-for-Profit Organisation's must etc.). Your application will not be				nual return
Has the Board authorised par contribution? *	ticipation	n in the program	as well as work	s and co-
○ Yes		O No - ineligible	le	
Upload evidence of approval I Attach a file:	by the Bo	eard *		
Actach a me.				
Participating Eligible Reci	pient 7	- lease agreem	nent	
Upload current signed lease a Attach a file:	greemen	nt *		
Participating Eligible Reci	pient 7 -	- contact detai	ls	
Full name *	Title	First Name	Last Name	

Position *		
Phone Number *		
	Must be an Australian phone number.	
Email *		
	Must be an email address.	
Participating Eligible Reci	pient 8	
Legal Entity Name/ Trustee N	ame/ Organisation Name *	
Legal entity name (not trading name e XYZ Pty Ltd ATF XYZ family trust ar). If your entity is a trust, you must prond include a copy of the trust deed.	vide the trustee's details i
Business Trading Name * Organisation Name		
organisation name		
Legal Entity Type * ○ Company ○ Partnership if your entity is a trust or not for profibelow	○ Sole Trader ○ Trust it organisation you will need to upload	Not-for-ProfitOrganisationadditional documents
ABN *		
check that you have entered the		Click Lookup above to
Information from the Australian Busi	ness Register	
ABN Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN.		

Physical Business Address *

Address
Must include shop/ office or unit numbers
Do you own the premises or are you a tenant with a lease agreement? * ○ I am the owner ○ I am the tenant
Website
Must be a URL.
Participating Eligible Recipient 8 - Trust Deed
If your Legal Entity is a Trust , you will need to upload a copy of the Trust Deed to provide confirmation of who your Trustee is.
Legal Entity name in the Business details section should be written as;
ABC Pty Ltd the trustee for ABC Family Trust
or
John Smith the trustee for ABC Family Trust
Please contact your accountant if you are unsure.
Upload copy of Trust Deed * Attach a file:
Participating Eligible Recipient 8 - approval to participate
Not-for-Profit Organisation's must be up to date with legal obligations (AGM, annual return etc.). Your application will not be assessed until it is compliant.
Has the Board authorised participation in the program as well as works and co-
contribution? * ○ Yes ○ No - ineligible
Upload evidence of approval by the Board * Attach a file:
Participating Eligible Recipient 8 - lease agreement
Upload current signed lease agreement * Attach a file:

Biz Secure 2022 Cluster Business Application Form

Participating Eligible Recipient 8 - contact details

Full name *	Title	First Name	Last Name
Position *			
Phone Number *			
	Must be	an Australian phor	ne number.
Email *			
Email "			
	Must be	an email address.	

Security Audit & Improvement Works 1

* indicates a required field

What is a Security Audit?

- A **Security Audit or CPTED Audit** means an audit of the Premises undertaken by a Security Audit Contractor that considers all aspects of the safety and security of the Premises within the broader environment where the Premises is located.
- As part of the Security Audit, the Security Audit Contractor will complete a detailed report which makes recommendations for Eligible Works to be carried out to the Premises.
- A Security Audit is required to be undertaken for all Eligible Works other than Standard Improvement Works.

Important note: If you are applying for works that require a security audit, this audit voucher will not count towards the maximum number of works allowed under your application.

Standard Improvement Works listed below do not require a security audit:

- Access door repairs
- Access door replacement with heavy-duty, secure alternatives
- Glass replacement with secure alternatives
- Lock works and hardware
- Lockable Fencing
- Roller shutters and associated works
- Security Screens
- Window replacement with more secure alternatives

Important: This application allows you to apply for your first voucher. For subsequent works, additional forms will be made available to you.

What are you applying for? (You can choose one of the following) *

O Standard improvement works only (as defined above); or

0	Security audit (the recommendations in the audit report will determine the works you
can	apply for); or
$\overline{}$	Value as a with a good to be a proposed and the last 12 people and you are applying to

O Your security audit has been completed in the last 12 months and you are applying for works in line with the report

Security Audit

Note:

- 1.If your business is assessed as an Eligible Recipient under the program, a registered security audit contractor will be nominated by the Department and a voucher issued to you.
- 2.Once a voucher has been issued to you, contact the security auditor and schedule a date and time for the audit to be conducted at your business premises.
- 3.Once the audit is completed and the signed audit report has been provided to you, print out, sign and give this voucher to the security auditor as full payment of the invoice.
- 4.Contact the Biz Secure team and request that your application be re-opened so you can apply for the improvement works recommended by the auditor and submit quotations.

Upload the Security Audit Report * Attach a file:

Works 1 Application

The maximum grant amount is \$50,000. For details, refer to the terms and conditions.

Co-Contribution

- Standard Improvement Works or other works resulting from a Security Audit that physically fortify the business premises 75% (Department) 25% (Eligible Recipient) up to the maximum grant amount.
- All other vouchers will be issued for Eligible Works on a dollar-for-dollar co-contribution basis (50% 50%) up to the maximum grant amount.

Important: You can only upload 1 quotation for one or more works from the lists below

Select the standard improvements for w	orks 1 *
☐ Access door repairs	☐ Roller shutters and associated works
☐ Access door replacement with heavy-duty, secure alternatives	☐ Security screens
☐ Glass replacement with secure alternatives	s□ Window replacement with more secure
a class replacement with secure alternatives	alternatives
☐ Lockable Fencing	□ None
☐ Lock works and hardware	
You can select more than one.	

Select the security improvements for works 1 *

□ CCTV	☐ Other
☐ Alarm systems☐ Securing stock of alcohol	□ None
If 'Other' works are selected, you MUST specify type	pe of works in the box provided
Provide a short description of the other	security improvements *
Word count: Must be no more than 100 words.	
CCTV	
Attach CCTV plan * Attach a file:	
Alarm systems	
Attach a current floor plan * Attach a file:	
Securing stock of alcohol	
Attach a copy of your current liquor lice Attach a file:	nce *
Attach a current floor plan showing the premises * Attach a file:	locations of all liquor stocks on the
recount of the	
Building Works - Important informa	ation
Applicants should note that if a building perm recipient must obtain such permit and ensure accordance with its terms. You may need a b extensions. An example of works that may re roller shutters, windows, walls etc.	e the works are carried out strictly in uilding permit for renovations, alterations and
Refer to clauses 2.3 and 2.5 of the Terms and	Conditions for further information.
Is a building permit required for the wor windows and walls)	ks? (eg. installation of roller shutters,
○ Yes	○ No

Building Certifiers are required to be registered in the Northern Territory, to check if your building certifier is registered, please visit the Builders Practitioners Board http://www.ntlis.nt.gov.au/building-practitioners/

under the Building Act (NT)	the proposed	l works will cor	he Northern Territory, and mply with the requirements
○ Yes		○ No	
Upload evidence of engage Northern Territory * Attach a file:	ment with a	registered buil	ding certifier in the
Works 1 Quotation			
Works subtotal (excl. GST	GST amount		Works total (incl. GST)
	If the nominate registered for G	d business is not GST, put \$0	This number/amount is calculated.
Are there rebates or other to Yes This can be solar rebates, government Quotation number * Include business quotation number Is the supplied quotation it component separately? *	ment grants, etc	O No	
YesNo - please source a compl	iant quotation	before submittir	ng
Attach itemised quotation * Attach a file:	k		
The quotation must have the corre	ect business det	ails and be fully ite	emised.
Nominated Service Pro	ovider		
* indicates a required field			
Nominated Service Provide Organisation Name	r for works 1	*	

Nominated Service Provider	· ABN (refer to your q	uotation) *
The ABN provided will be used check that you have entered th		information. Click Loc
Information from the Australian Bu	usiness Register	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
You are able to obtain their ABN fr	om their quotation	
Nominated Service Provider Address	· Business Address *	
Address Line 1, Suburb/Town, State	e/Province, and Postcode a	re required.
Nominated Service Provider	Phone Number *	
Must be an Australian phone numb	er.	
Nominated Service Provider	Email Address *	
Must be an email address.		
Declaration		
* indicates a required field		
Unattested Declaration Act	under the Oaths, A	ffidavits and De
I (insert full name) *		
,	Must be the Principal of	the Rusiness
	Must be the Hillicipal Of	LITE DUSITIESS

solemnly and sincerely declare

- I have read, understood and agree to comply with the <u>Terms and Conditions</u> of the Business Security Assistance Program ("Biz Secure"/ "Program"); and
- I have read, understood and agree to the Privacy Statement; and
- I understand and accept that Biz Secure is a **time-limited program**, that my application is **subject to funding** availability and that it may not be approved should there be no further funding available; and
- No offer of cashback or any other benefit (whether monetary or not) has been made to me, my business or any related third party as a condition of acceptance of a quotation given to the business/ organisation during the course of the Program; and
- The businesses/ organisation that are part of this application are Eligible Recipients as per the <u>Terms and Conditions</u>; and
- No security audit or improvement works will commence/ have commenced before my application has been approved and a voucher issued to me by the Department; and
- I understand some business/ organisation and contact information that I give to the Department as part of this application may be listed publicly and I acknowledge the disclaimer regarding how the information I provide will be stored and used; and
- My business/ organisation meets and will continue to meet all its legal obligations throughout the Program; and
- By completing this declaration I confirm that my business is not under external administration or in liquidation, is not insolvent and I have no reason to believe that it will become insolvent during the course of the program; and
- My business/ organisation is not currently being investigated by any law enforcement agency for fraud, NT Worksafe or Licensing NT non-compliance; and
- I understand and agree that the Department will conduct any due diligence it deems necessary to ascertain that my business/ organisation is an Eligible Recipient as defined in the <u>Terms and Conditions</u>, including but not limited to site and spot audits; and
- I will advise the Department immediately if any details relating to my business/ organisation changes during the course of the Program; and
- I am a Principal of the Business/ organisation and I am duly authorised to make this Declaration

This declaration is true and I know that it is an offence to make a declaration that is false in any material particular. *	○ (Yes)			
Declaration made in *				
	place, eg. Darwin			
Name *	Title	First Name	Last Name	
	Must be the Principal of the Business			
Date of birth *				
Position held *				

	Director/ Owner/ NFPO organisation office bearer		
Date of declaration *			