

# Business Hardship Register - Application Form

## Form Preview

### Hardship Register

\* indicates a required field

#### Are you eligible?

Territory businesses that demonstrate substantial hardship due to the coronavirus (COVID-19) crisis may be eligible for some financial relief from charges by government, local councils and some utility providers.

#### **I am an Eligible Business as defined under the Business Hardship Package Terms and Conditions with a turnover less than \$50 million \***

- Yes  
 No - ineligible - do not continue

Full terms can be found at <https://businessrecovery.nt.gov.au/terms-and-conditions>

#### **Hardship Eligibility (select one that applies) \***

I have been deemed eligible for the Small Business Survival Fund  
I qualify for the Australian Government's JobKeeper scheme and I am entitled to JobKeeper payments for my employees  
I have supporting documentation to confirm that my annual turnover is under \$50 million and a reduction in turnover of at least 30% in line with the T&Cs

#### Small Business Survival Fund

##### **Please provide your Small Business Survival Fund application number \***

SBSFXXXXX

#### Australian Government's JobKeeper

##### **Please upload confirmation of eligibility/approval for the JobKeeper payments \***

Attach a file:

#### Business Details

##### **Legal Entity Name \***

Organisation Name

Legal Entity Name (not Trading Name)

##### **Trading Name \***

Can be the same as legal entity name

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### Legal Entity Type \*

Legal Entity Type must match the Entity Type from the ABN Lookup below

### Business 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	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Business Physical Address \*

Address

  

If no search results are found, please click 'Can't find your address?'

### Business Postal Address \*

Address

  

### Business Contact Phone Number \*

Include area code if a landline. Must contain 10 characters eg 0889995511

### Business Email \*

Must be an email address.

Contact Person

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## Form Preview

The Department will use the below details to make contact with you, should we require anything further. This is also the person responsible for this application.

**Name \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

**Contact Phone Number \***

Include area code if a landline. Must contain 10 characters eg 0889995511

**Email \***

Please enter your preferred email address for all written correspondence

## Electricity, water and sewerage providers

**Do you access water and sewerage services from Power and Water Corporation? \***

- Yes  No

**How is your electricity paid for? \***

**Please choose your provider for electricity \***

- Power and Water Corporation  Jacana Energy  Rimfire Corporation  Nhulunbuy Corporation  Other

**Electricity Account Number \***

## Local Government Council

**Please choose the Local Government council area you operate in \***

- |   |  |  |
|---|--|--|
| <input type="radio"/> Alice Springs         | <input type="radio"/> Coomalie Community | <input type="radio"/> Tiwi Islands                 |
| <input type="radio"/> Barkly Region         | <input type="radio"/> East Arnhem        | <input type="radio"/> Victoria Daly                |
| <input type="radio"/> Belyuen Community     | <input type="radio"/> Katherine          | <input type="radio"/> Wagait Shire                 |
| <input type="radio"/> Central Desert Region | <input type="radio"/> Litchfield         | <input type="radio"/> West Arnhem                  |
| <input type="radio"/> City of Darwin        | <input type="radio"/> MacDonnell Region  | <input type="radio"/> West Daly                    |
| <input type="radio"/> City of Palmerston    | <input type="radio"/> Roper Gulf Region  | <input type="radio"/> Other - Please specify below |

**Please specify the area you operate in \***

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### Business Situation

\* indicates a required field

**Commercial tenancy information (select one that applies) \***

Evidence of negotiation

**Please upload evidence of negotiation with your tenants \***

Attach a file:

Payroll Tax Concession Details

If payroll tax does not apply to your business, leave blank.

**Payroll tax client number**

**Estimate of total Australian taxable wages for 2019-20 (for the legal entity but not for related entities)**

- Less than \$7,500,000; OR
- Above \$7,500,000

Turnover Details

**What is the percentage decrease in turnover of your business compared to the same quarter or month in the previous financial year due to impacts of the COVID-19 pandemic? \***

- 29 per cent or less
- 30 - 49 per cent
- 50 per cent or more

Supporting documents can be in the form of audited financial statements, internal accounting system reports, reports prepared by bookkeeper/accountants or BAS statements.

**From what date was your business affected by the COVID-19 shutdown \***

**Prior to COVID-19 shutdown - upload evidence of turnover \***

Attach a file:

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### After COVID-19 shutdown - upload evidence of turnover \*

Attach a file:

Supporting documentation (optional)

### Please upload any additional information if necessary

Attach a file:

## Unattested Declaration under the Oaths, Affidavits and Declarations Act

\* indicates a required field

I (insert full name), \*

### Department of Trade, Business and Innovation Declaration

*solemnly and sincerely declare*

- I have read, understood and agree to comply with the [Terms and Conditions](#) of the Business Hardship Register ('Register')
- I have read, understood and agree to the [Privacy Policy](#).
- I understand some business/ organisation and contact information that we 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;
- 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;
- We are not currently being investigated by any law enforcement agency for fraud, NT WorkSafe or Licensing NT non-compliance;
- I understand and consent to the Department conducting any due diligence in relation to my business as it sees fit, including but not limited to conducting spot audits and site inspections;
- I will advise the Department immediately if any details relating to my business/ organisation changes during the course of the Register;
- By applying to participate as an Eligible Recipient, I understand that my business/ organisation must comply with all laws relevant to our participation, including without limitation to all Goods and Services, laws relating to any relevant Premises, and the obligations on persons to report unlawful activity under the *Independent Commissioner against Corruption Act (NT)*.
- I understand that by applying as an Eligible Business, my business/ organisation warrant to the Department that they have read, understood and fully accept these [Terms and Conditions](#).
- I am a principal of the business/ representative of the organisation and I am duly authorised to make this Declaration.

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### Department of Treasury and Finance Declaration

*solemnly and sincerely declare*

- I declare that the statements contained herein and supporting documentation provided are true and correct in every particular and I understand it is an offence under the Taxation Administration Act to provide information that I know is misleading in a material particular (maximum penalty 400 penalty units – current penalty unit values are available from [www.revenue.nt.gov.au](http://www.revenue.nt.gov.au)).
- I acknowledge the TRO may access information about me to verify my eligibility for a waiver or deferral of payroll tax with other state, territory and Commonwealth Government agencies and commercial organisations as permitted by law.
- The information in this form is required to determine your eligibility for a waiver or deferral of payroll tax. The information may be communicated to persons authorised under the Taxation Administration Act or disclosed to other Northern Territory Government agencies for the purposes of determining my eligibility for other business assistance schemes available in the Northern Territory.

**This declaration is true and I know that is an offence to make a declaration that is false in any material particular \***

I confirm

**This Declaration is made at: \***

Location or town the declaration is made at, eg. Darwin, Alice Springs, etc.

**Name \***

Title      First Name      Last Name

  

Must be a Principal of the Business

**Date of birth \***

Must be at least 18 years of age

**Position \***

**Date of declaration \***