

## FORM 3

Regulation 7  
Sections 86 (3)*Business Tenancies (Fair Dealings) Act***Application to Commissioner of Business Tenancies for  
Determination of Retail Tenancy Claim****Note - Before completing this form, please read the notes at the foot of the form.**

To: Commissioner of Business Tenancies  
1<sup>st</sup> Floor, The Met Building  
13 Scaturchio Street, Casuarina  
or  
PO Box 40946, Casuarina NT 0811

Phone: 1800 019 319  
Fax: (08) 8935 7738  
Email: [consumer@nt.gov.au](mailto:consumer@nt.gov.au)

**1. DETAILS OF RETAIL SHOP LEASE** *(Complete applicable items)*

Tenants name on retail shop lease:

Business or trading name of tenant:

Tenant's ACN:

Tenant's ABN:

Tenant's postal address:

Postcode:

Landlord's name:

Business or trading name of landlord:

Landlord's postal address:

Street address of retail shop, including the shop number and (if applicable) the shopping centre name:

Type of use of the retail shop:

Date of commencement of the current retail shop lease or lease extension:

## 2. DETAILS OF APPLICANT (the person making this application)

*(Complete applicable items. If there is more than one applicant, provide the name and address of the second and each subsequent applicant, and of each applicant's representative, using copies of the attachment to this form.)*

Applicant's status:  
*(tick as applicable)*

Landlord  
 Tenant  
 Assignee  
 Other *(describe)*

### 2.1 DETAILS IF APPLICANT IS A COMPANY

Company Name:

Company's ACN:

Company's ABN

Name of person to contact for applicant

Postal Address, including suburb/city/town, State and postcode:

Phone (b/h):

Email address:

### 2.2 DETAILS IF APPLICANT IS NOT A COMPANY

Name:

ABN:

Postal Address, including suburb/city/town, State and postcode:

Phone (b/h):

Email address:

### 2.3 DETAILS IF APPLICANT'S REPRESENTATIVE (eg legal practitioner)

*(Refer to section 111 of the Act for details about other persons who may represent a party)*

Name:

Postal Address, including suburb/city/town, State and postcode:

Phone (b/h):

Email address:

### 3. DETAILS OF RESPONDENT (the other party to the dispute)

*(Complete applicable items. If there is more than one respondent, provide the name and address of the second and each subsequent respondent, and of each respondent's representative, using copies of the attachment to this form.)*

Respondent's status:  
*(tick as applicable)*

Landlord  
 Tenant  
 Assignee  
 Other *(describe)*

#### 3.1 DETAILS IF RESPONDENT IS A COMPANY

Company Name:

Company's ACN:

Company's ABN

Name of person to contact for respondent

Postal Address, including suburb/city/town, State and postcode:

Phone (b/h):

Email address:

#### 3.2 DETAILS IF RESPONDENT IS NOT A COMPANY

Name:

ABN:

Postal Address, including suburb/city/town, State and postcode:

Phone (b/h):

Email address:

#### 3.3 DETAILS IF RESPONDENT'S REPRESENTATIVE (if known)

*(Refer to section 111 of the Act for details about other persons who may represent a party)*

Name:

Postal Address, including suburb/city/town, State and postcode:

Phone (b/h):

Email address:

## 4. DETAILS OF DISPUTE

(Give a brief summary nature of the dispute, briefly setting out the facts relevant to the claim. THE SUMMARY AND FACTS WILL BE FORWARDED TO THE RESPONDENT. LODGEMENT OF THIS FORM INDICATES YOUR AGREEMENT TO THIS. If you wish to provide additional documents relevant to this matter, eg the lease, attach them to this form or forward them separately under cover of a letter to the Commissioner of Business Tenancies, clearly identifying the dispute.) the tenant entering into possession of the retail shop;

Total monetary claim \$.....

Remedy sought:  
(Specify briefly:)

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Signature of Applicant.....

Date...../...../.....

Application fee: At this time no application fee has been prescribed under section 87 (1) of the *Business Tenancies (Fair Dealings) Act*.

Lodged with the Commissioner on

Date...../...../.....

### Notes

*Before completing this application, please consider discussing this matter with a legal practitioner or contact Consumer Affairs on 8999 1999.*

*The form is to be used to apply to the Commissioner of Business Tenancies for a determination of a retail tenancy claim.*

Lodgement by Mail		Lodgement by Hand	
<b>DARWIN</b> Consumer Affairs PO Box 40946 Casuarina NT 0811	<b>ALICE SPRINGS</b> Consumer Affairs PO Box 1745 Alice Springs NT 0871	<b>DARWIN</b> 1 <sup>st</sup> Floor, The Met Building 13 Scaturchio Street Casuarina NT 0810	<b>ALICE SPRINGS</b> Ground Floor, Green Well Building 50 Bath Street Alice Springs NT 0870
<b>PRIVACY STATEMENT</b>			
Consumer Affairs complies with the Information Privacy Principles scheduled to the <i>Information Act</i> . To view the NT Consumer Affairs Privacy Statement, please access <a href="http://www.consumeraffairs.nt.gov.au">www.consumeraffairs.nt.gov.au</a> or 08 8999 1999			

**ATTACHMENT TO FORM 3**

(To be used if there is more than one applicant or respondent, to provide the name and address of the second and each subsequent applicant or respondent, and of each representative.)

Details relating to:

Second / Third / Fourth / Fifth (circle applicable applicant or respondent number)

Applicant / Respondent (circle applicable)

**3.1 DETAILS IF RESPONDENT IS A COMPANY**

Company Name:

Company's ACN:

Company's ABN

Name of person to contact for respondent

Postal Address, including suburb/city/town, State and postcode:

Phone (b/h):

Email address:

**3.2 DETAILS IF RESPONDENT IS NOT A COMPANY**

Name:

ABN:

Postal Address, including suburb/city/town, State and postcode:

Phone (b/h):

Email address:

**3.3 DETAILS IF RESPONDENT'S REPRESENTATIVE (if known)**

*(Refer to section 111 of the Act for details about other persons who may represent a party)*

Name:

Postal Address, including suburb/city/town, State and postcode:

Phone (b/h):

Email address:

**DARWIN**

1<sup>st</sup> Floor, The Met Building, 13 Scaturchio Street  
PO Box, Casuarina NT 0811  
Tel: (08) 8999 1999 or 1800 019 319  
Fax: (08) 8935 7738

Web: [www.consumeraffairs.nt.gov.au](http://www.consumeraffairs.nt.gov.au)

**ALICE SPRINGS**

Ground Floor, Green Well Building  
50 Bath Street  
PO Box 1745, Alice Springs, NT 0871  
Tel: (08) 8924 7052 Fax: (08) 8951 8533

Email: [consumer@nt.gov.au](mailto:consumer@nt.gov.au)