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| **1. What are you applying for?** | | | | | | | | | | | | | | | | | | | | |
|  | Licence | | | | Other interest (specify) | | | | | | | | | | | | | | | |
| **2. NLC zones** Please indicate which NLC zones your proposals’ activity will be undertaken. (Your proposal may require you to indicate more than one zone). For the most up-to-date versions of the map please refer to the NLC website: [www.nlc.org.au/fishing-aboriginal-waters/access-maps](http://www.nlc.org.au/fishing-aboriginal-waters/access-maps) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **3. Proponent details**  (If there are more than two proponents, please attach additional proponents in the same format). **You must provide NLC with the name of the person(s) and /or business entity that will be entering into the agreement as set out below. This person and /or business entity will be presented to traditional owners during the consultation process as the party who will be entering into the proposed agreement. Once consent has been provided by the traditional owners, the party named as the “lessee” or “licensee” in the agreement cannot be changed.** | | | | | | | | | | | | | | | | | | | | |
| Principal Proponent | | | | | | Name: | | | |  | | | | | | | | | | |
|  | | | | | | Business Name: | | | |  | | | | | | | | | | |
|  | | | | | | Name of party which will enter into the proposed agreement: | | | |  | | | | | | | | | | |
|  | | | | | | ABN/ACN: | | | |  | | | | | | | | | | |
|  | | | | | | Postal address: | | | |  | | | | | | |  | | | |
|  | | | | | |  | | | |  | | | | | | |  |  |  |  |
|  | | | | | | PO BOX: (if any) | | | |  | | | | | | |  | | | |
|  | | | | | |  | | | |  | | | | | | |  |  |  |  |
|  | | | | | | Telephone: | | | | (     ) | | | | | | | | | | |
|  | | | | | | Fax: | | | | (      ) | | | | | | | | | | |
|  | | | | | | Email: | | | |  | | | | | | | | | | |
|  | | | | | | Website: | | | |  | | | | | | | | | | |
| Additional Proponent | | | | | | Name: | | | |  | | | | | | | | | | |
|  | | | | | | Business Name: | | | |  | | | | | | | | | | |
|  | | | | | | ABN/ACN: | | | |  | | | | | | | | | | |
|  | | | | | | Postal address: | | | |  | | | | | | |  | | | |
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|  | | | | | | PO BOX: (if any) | | | |  | | | | | | |  | | | |
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|  | | | | | | Telephone: | | | | (      ) | | | | | | | | | | |
|  | | | | | | Fax: | | | | (      ) | | | | | | | | | | |
|  | | | | | | Email: | | | |  | | | | | | | | | | |
|  | | | | | | Website : | | | |  | | | | | | | | | | |
| **4.Type of Business Entity** | | | | | | | | | | | | | | | | | | | | |
| Company | | | | | Aboriginal Corporation | | | | | | Sole Trader | | | | Others (Specify) | | | | | |
| **5. Public Risk Insurance.** A minimum cover of $20,000,000 is required. Additional insurance may be required depending on the proposed activity. | | | | | | | | | | | | | | | | | | | | |
| Yes | | No | | Amount cover held: $ | | | | | | | | | | | | | | | | |
| **6. Proposal Details**  Provide a description of the proposed activity. Please attach any relevant materials or documentation that will assist in understanding the detail of your plans and/or proposed works. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **7. Is the Proponent a member of a traditional owning group?** (Is the proponent a member of the traditional Aboriginal land owner group for the area of land in question? | | | | | | | | | | | | | | | | | | | | |
| Yes | | No | | (Please give details) | | | | | | | | | | | | | | | | |
| **8.** Does the Proponent(s) have any cultural or business affiliations with the identified Traditional Owner group? | | | | | | | | | | | | | | | | | | | | |
| Yes No (Please give details) | | | | | | | | | | | | | | | | | | | | |
| **9.** What is the principal reason for undertaking the proposed activity? | | | | | | | | | | | | | | | | | | | | |
| Commercial Fishing | | | | | | | | | | | | Fishing Tours | | | | | | | | |
| Others (specify) | | | | | | | | | | | |  | | | | | | | | |
| **10. Details of commercial business plan (if applicable).** Provide a brief description of your business plan or attach a copy. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **11. Term** | | | | | | | | | | | | | | | | | | | | |
| **Requested Term:** | | | | | | | Start Date: | | | | | | | End Date: | | | | | | |
| **Term in years and months:** | | | | | | | Years: | | | | | | | Months: | | | | | | |
| Note: Maximum term NLC are proposing at this stage is a 5-year agreement with 5-year review | | | | | | | | | | | | | | | | | | | | |
| **12. Business experience.** Please describe your business background, experience and skills. Attach any relevant documentation that provides evidence to support your proposal. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **13. Industry licences**: To legally carry out the proposed activity, please state industry licences, permits and/or accreditations required for your proposal and supply copies of these documents. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **15. Source of finance ($)** | | | | | | | | | | | | | | | | | | | | |
| Private | | | Bank / Finance Institution | | | | | | Government Grant / Loan | | | | | | | Other (specify) | | | | |
| Estimated value of investment: $ | | | | | | | | | | | | | | | | | | | | |
| **16. Government Assistance ($)** | | | | | | | | | | | | | | | | | | | | |
| Aboriginals Benefit Account (ABA) | | | | | | | |  | | | | | | | | | | | | |
| Australian Government | | | | | | | |  | | | | | | | | | | | | |
| NT Government | | | | | | | |  | | | | | | | | | | | | |
| Local Government | | | | | | | |  | | | | | | | | | | | | |
| Indigenous Land Corporation (ILC) | | | | | | | |  | | | | | | | | | | | | |
| Other (specify) | | | | | | | |  | | | | | | | | | | | | |
| **17. Access to the proposed land use operational area.** How do you intend to access the proposed land use operational area? Please attach a map marking the access route and roads. | | | | | | | | | | | | | | | | | | | | |
| Air – Name of airstrip | | | | | | | | | | | | |  | | | | | | | |
| Road – Name of roads and tracks | | | | | | | | | | | | |  | | | | | | | |
| Sea/Barge Landing – Name of landing and/or barge landing | | | | | | | | | | | | |  | | | | | | | |
| Mothership/ types of vessels  Number of vessels  Vessel name  AMSA Unique identification number  Commercial Licence number | | | | | | | | | | | | |  | | | | | | | |

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| **18. Specific site and location showing proposed land use area.** (Describe details of the land use area, including: towns; lot number; outstations; existing infrastructure; access routes; and attach a map of the proposed area). | | | | | | | | |
| Longitude/Latitude co-ordinates. A clearly marked area on a topographic map and or Google Earth map (if known) | | | | | |  | | |
| Nearest town, community or outstation (if known) | | | | | |  | | |
| Affected people, groups and organisation (if known) | | | | | |  | | |
| **19. Do you intend to sub-licence?** | | | | | | | | |
| No  Yes (If yes, please provide details of your proposed sub-licence plans.) | | | | | | | | |
| **20. Consultation costs:** The cost of consulting traditional owners in a remote setting is high; proponent/s will be expected to make a contribution to the logistical and meeting costs of any consultation with traditional owners associated with this Section19 EOI application. A detailed cost estimate will be provided to the proponent for consideration and acceptance prior to the consultation going ahead. | | | | | | | | |
| I **agree** and **accept** to contribute towards consultation costs associated with this proposal (please tick box).  (I understand that I will receive a written cost estimate from NLC before any consultation(s) are held in relation to my proposal, and that my contribution to the costs of any consultation(s) must be agreed with the NLC prior to the consultation(s) going ahead) | | | | | | | | |
| **21. Payments:** Depending on the proposed activity, standard payments may be applied. | | | | | | | | |
| Amount proposed: $ | | | | | | | | |
| Land Use Fees | Royalty Payment per Item/Unit | | | | Access Fee | | | Lump Sum |
| Equity | Infrastructure Offset | | | |  | | |  |
| Fair Rent Payment (applicable to townships) | | | | | | | | |
| Other (specify) | | | | | | | | |
| **22. Other benefits:** Please outline any non-monetary benefits to traditional owners e.g. infrastructure, in-kind training and employment. | | | | | | | | |
|  | | | | | | | | |
| **23. Would you like to receive correspondence via** | | | | | | | | |
| Email | | Letter | | | | | Both | |
| **24. Would you like to subscribe to** **Land Rights News Northern Edition?** | | | | | | | | |
| Yes. Pick one:  Email  Post | | | No | | | | | |
| **25. Authorisation**  All applicants must sign and date the application form.  Hard copies should be printed on one side only.  Applicants must submit the original application in hard copy to the following address.  45 Mitchell Street  GPO Box 1222, Darwin, NT, 0801  Phone: (08) 8920 5100  Fax: (08) 89205 5255  Free Call (NT only): 1800 645 299 or;  Submit an electronic application to **[section19\_mail@nlc.org.au](mailto:section19_mail@nlc.org.au?subject=Section%2019%20EOI%20Application)**. You will receive an electronic confirmation within 48 hours of your application being received and read. Please contact [**section19\_mail@nlc.org.au**](mailto:section19_mail@nlc.org.au?subject=s19%20EOI%20Application%20) if you do not receive an acknowledgement within 7 days. | | | | | | | | |
| * By signing this form the proponent/s declare that the information provided in this application is true and correct. * NLC may request the proponent to provide additional information to assess this application; failing to provide the requested information may hold up the assessment process. * The proponent/s accepts that the EOI application and business plan may be reviewed by a third party; NLC may need to seek independent or expert advice in the process of assessing the proposal. | | | | | | | | |
| **Principal Applicant**  Name:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | | | | **Additional Applicant**  Name:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: | | | | |
| **CHECKLIST:** To assist the NLC to process your application in a timely manner, please review the checklist below and your proposal for completeness. Please ensure that you provide to the NLC all the relevant supporting information for your proposal so that our staff can commence the assessment of your proposal. | | | | | | | | |
| **Please complete checked box:**  **This proposal is complete, all relevant information is provided in the form and the Applicant has signed?**  **Have you identified your intended area operation using the zoning map?**  **If applicable, a Business Plan, Development Plan or Concept Plan has been attached to support the proposal?**  **Have attached the selection criteria?** | | | | | | | | |