



APPLICATION FOR REGISTRATION OF A BUSINESS NAME

BN

OFFICE USE ONLY

Date received

LU: .....

The business name was registered on:

for [ ] 1 year / [ ] 3 years

Delegate of the Registrar of Business Names

REGISTRATION FEE:

\$116.90 for 1 year

\$224.50 for 3 years

No GST payable

Fees may be altered at any time by regulation.

PAYMENT

Make cheques or money orders payable to Office of Fair Trading. A receipt will not be issued unless specifically requested.

Instructions

Please complete in BLOCK letters. Attach extra pages if needed. All references to dates should be in DD/MM/YYYY. If you need help completing this form, please contact the Office of Fair Trading on 13 13 04.

Please make sure you complete and sign all relevant sections or you will delay consideration of your application. It is an offence to make false statements in a business name application.

Warning

Proof of ID - Individuals applying for a new business name must provide certified proof of identification with this application. Refer to page 4 of this application.

Before you choose a business name:

Make sure it does not infringe upon the rights of trade marks, and other business and company name holders by having an identical or similar name. Before you lodge your application, conduct:

- a search of Australia-wide company and business names by accessing the National Names Index (NNI) (visit www.asic.gov.au); and
a trade mark search of the Trade Mark Database through IP Australia (for more information phone 1300 651 010 or visit www.ipaustralia.gov.au).

Not finding an identical business name on the NNI in Queensland does not automatically mean that your business name will be registered.

Availability searches cannot be done by telephone.

Are you a dot.com?

If your proposed business name contains elements of a domain name, for example, ".com.au" or ".com", your application must be accompanied by written evidence that you hold the licence for the corresponding domain name issued by a domain name registrar.

Privacy statement - Please read

The Department of Tourism, Fair Trading and Wine Industry Development is collecting information, including personal information, on this form as required by the Business Names Act 1962. The Department usually passes some of this information on to other State or Commonwealth agencies when requested. In accordance with the Act, the Business Names Register, which comprises computer-searchable electronic data and paper documents lodged, is available for inspection by the public for a fee. Any credit card payment details will be separated from the form and securely stored.

Please note: A \$70.50 administration fee is retained if the application is withdrawn or lapses.

Lodging party name and address

Name .....

Address .....

Suburb ..... State [ ][ ] Postcode [ ][ ][ ]

Phone ( ) ..... Fax ( ) .....

1. Business name

You may nominate three alternative names in order of preference. It is not compulsory to nominate alternative names.

If your first choice is not available we will process the next available one without contacting you.

Nominate the business name you wish to register.

(i) .....

(ii) .....

(iii) .....

(iv) .....

2. Period of registration

Please tick your choice.

[ ] 1 Year [ ] 3 Years

You can register for either 1 or 3 years. Once you choose you cannot change the registration term during that period and no refunds will be given (i.e. if you choose 3 years and close the business after 1 year you cannot get a refund of the unused 2 year period).

<p><b>3. Date of commencement of business under the name being applied for</b></p>	<p>The business started or will start on <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>D D / M M / Y Y Y Y</small></p> <p><b>Please note:</b> Business name applications cannot be lodged more than two months prior to the date the business commences. This must be the date that the current applicants commenced, or will commence business under this name.</p>
<p><b>4. Nature of business</b></p> <p>Insert a concise description of the nature of business carried on or proposed to be carried on under the name applied for.</p>	<p><b>This section MUST be completed. Describe accurately the types of products or services you will offer, i.e. retailing computers, engineering consultancy etc.</b></p> <p>.....</p> <p>.....</p>
<p><b>5. Address of principal place of business in QLD</b></p> <p>Insert shop no./office, floor, building name, street number and name, suburb, town or city (not a post office box) and email address. <b>NOTE:</b> This must be a Queensland address.</p>	<p>Address .....</p> <p>.....</p> <p>Suburb ..... State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Email .....</p>
<p><b>6. Postal address of business</b></p> <p>If same as 5 write "as above".</p>	<p>Address .....</p> <p>Suburb ..... State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>7. Other address(es) for this business in QLD</b></p> <p>Insert shop no./office, floor, building name, street number and name, suburb, town or city (not a post office box).</p> <p>If more than 2 other places of business, attach a sheet giving the details for other addresses.</p>	<p>Address .....</p> <p>Suburb ..... State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Address .....</p> <p>Suburb ..... State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>
<p><b>8. Proprietors (owners)</b></p>	<p>The details and signature of all individuals who will be carrying on business under the name applied for must be shown in section 8A.*</p> <p>* Details of corporations/companies carrying on business must be shown in section 8B.</p> <p># If a corporation/company will be carrying on business under the business name, do not show the details of the directors in 8A unless they are carrying on business in partnership with the corporation/company.</p> <p>If you are carrying on a business as a trustee of a trust you should insert full details of the trust after the trustee proprietor's name.</p>
<p><b>8A. Proprietors – individuals carrying on business</b></p> <p>Insert full name, residential address (not a post office box), date and place of birth and signature of all individuals who will be carrying on business under the business name applied for.</p> <p>If there are more than 2 individuals, please attach a sheet giving the same type of details for all others involved.</p> <p>Individuals must provide proof of ID with this application (see page 4).</p> <p>Each person must sign where indicated.</p>	<p><b>In signing this, I hereby declare that the information is true and correct in every detail.</b></p> <p>(i) Family name .....</p> <p>All given names .....</p> <p>Residential address (not a PO Box) .....</p> <p>Suburb ..... State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Date of birth <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>D D / M M / Y Y Y Y</small></p> <p>Place of birth ..... (Town &amp; State or Overseas Country)</p> <p>Signature ..... Date signed <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  <small>D D / M M / Y Y Y Y</small></p> <p><input type="checkbox"/> I have attached appropriate <b>certified proof of identity</b> documents.</p> <p><b>Note:</b> Application cannot be processed until appropriate proof of identity is provided.</p>

**8A. Proprietors – individuals carrying on business**

Please refer to the previous page for further details.

**In signing this, I hereby declare that the information is true and correct in every detail.**

(ii) Family name .....

All given names .....

Residential address (not PO Box) .....

Suburb ..... State  Postcode

Date of birth  /  /   
D D / M M / Y Y Y Y

Place of birth ..... (Town & State or Overseas Country)

Signature ..... Date signed  /  /   
D D / M M / Y Y Y Y

I have attached appropriate **certified proof of identity** documents.

**Note:** Application cannot be processed until appropriate proof of identity is provided.

**8B. Corporations/ companies carrying on business**

Insert the full corporation/ company name, details of the registered office address, the ACN/ABRN and relevant signature.

The corporation must be registered in Australia.

If the applicant is not a company, please advise the title of the Act under which the corporation is incorporated.

The full name of the signatory and position held in the corporation/ company must be stated.

If there are more than two corporations, please attach a sheet giving the same type of details for all others involved.

**In signing this, I hereby declare that the information is true and correct in every detail.**

(i) Corporation/company name .....

ACN/ABRN    (Not Australian Business Number.)

Address of reg'd office .....

Suburb ..... State  Postcode

Full name of signatory .....

Position of signatory in corporation/company  Director  Company secretary

Specify equivalent position if not a company .....

Signature ..... Date signed  /  /   
D D / M M / Y Y Y Y

(ii) Corporation/company name .....

ACN/ABRN    (Not Australian Business Number.)

Address of reg'd office .....

Suburb ..... State  Postcode

Full name of signatory .....

Position of signatory in corporation/company  Director  Company secretary

Specify equivalent position if not a company .....

Signature ..... Date signed  /  /   
D D / M M / Y Y Y Y

**Further instructions and advice**

If you need help or aren't sure of something when completing this form call 13 13 04 rather than submitting an incomplete or incorrect form.

- Once registered, it is your responsibility to ensure the registration is renewed with the Office of Fair Trading. If your address changes please advise the Office of Fair Trading within one month. If you need to make other changes contact the Office of Fair Trading for advice.
- Once your business name is registered you cannot change it without lodging another application form and fee.
- Once registered, you will automatically receive TradeSmart Update – the Office of Fair Trading's monthly email newsletter for businesses. You may unsubscribe at any time.
- Applications lodged with the Magistrates Courts or Queensland Government Agents' Offices will be forwarded by mail to the Brisbane Office of Fair Trading. Applications are not entered on the business names computer system for processing until received by that Office.

<p><b>9. Cancellation of current business name</b></p> <p>Complete this section only if you are applying for a new business name to replace an existing registered name. Cancellation will not take effect until the new name is registered.</p>	<p>TAKE NOTICE that the applicant or applicants in relation to whom this application is being made formerly carried on business under the business name of</p> <p>.....</p> <p>Registration number (BN) <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> (Not Australian Business Number.) which name is abandoned; AND TAKE FURTHER NOTICE that an application is being hereby made in this application for the cancellation of that business name.</p>														
<p><b>Business name certificate</b></p> <p>Your business name is NOT approved until you are issued with a certificate of registration. <b>You should not arrange stationery, signs etc. until then.</b></p>	<p><input type="checkbox"/> I will call at the Office of Fair Trading for my business name certificate.</p> <p><input type="checkbox"/> Please post the certificate to the address ticked in the box below:</p> <p><input type="checkbox"/> Principal place of business                      <input type="checkbox"/> Address of person lodging the application</p> <p><input type="checkbox"/> Postal address    <input type="checkbox"/> Other (specify) .....</p>														
<p><b>Proof of ID</b></p> <p><b>Certified copies</b> (by a Commissioner for Declarations, Justice of the Peace or a lawyer) are acceptable for all proof of ID documents. Original documents should not be submitted through the mail. If the applicant attends in person, the Office of Fair Trading may take a copy of an original. However, if there are multiple applicants and only one applicant attends in person, the applicant must have certified copies of other applicants' proof of identification.</p> <p>For contact details on locally listed Justices of the Peace, please call 1300 301 147.</p>	<p>If you're an individual you must provide <b>certified proof of identification</b> with this application. ID must be in the form of <b>one</b> of the following:</p> <ul style="list-style-type: none"> <li>• a current passport; or</li> <li>• an Australian citizen certificate; or</li> <li>• a current Australian or New Zealand driver's licence; or</li> <li>• a current Australian tertiary student identity card (including photo and signature); or</li> <li>• a current Commonwealth or State public service identity card; or</li> <li>• a current Australian pension concession card; or</li> <li>• a current card 18+; or</li> <li>• a birth certificate or extract from a birth entry.</li> </ul> <p><b>Note: It is an offence to supply false or misleading information. Registration can be cancelled if proof of applicant's identity is not provided.</b></p> <p>The <b>certified proof of identification</b> document must show the current name of the individual. If not, a certified copy of the document evidencing the change of name (e.g. marriage certificate) must also be submitted with this application.</p>														
<p><b>Lodgement details</b></p>	<p>Please lodge the completed application, any supporting documentation and fees to the Office of Fair Trading at the address below, or to any Department regional office at Gold Coast (Southport), Sunshine Coast (Maroochydore), Toowoomba, Hervey Bay, Rockhampton, Mackay, Townsville or Cairns.</p> <p>(Call 13 13 04 for addresses or visit our website <a href="http://www.fairtrading.qld.gov.au">www.fairtrading.qld.gov.au</a>.)</p> <table border="0"> <tr> <td><b>By mail:</b></td> <td><b>In person:</b></td> </tr> <tr> <td>Office of Fair Trading</td> <td>Office of Fair Trading</td> </tr> <tr> <td>GPO Box 3111</td> <td>21st Floor, State Law Building</td> </tr> <tr> <td>Brisbane QLD 4001.</td> <td>50 Ann Street (Cnr George St.),</td> </tr> <tr> <td></td> <td>Brisbane QLD 4000.</td> </tr> <tr> <td></td> <td>The counter is open Monday to Friday,</td> </tr> <tr> <td></td> <td>8:30 am to 4:30 pm.</td> </tr> </table> <p>If you would like more information or assistance with completing your application, contact the Department on 13 13 04, or visit our website at <a href="http://www.fairtrading.qld.gov.au">www.fairtrading.qld.gov.au</a>.</p>	<b>By mail:</b>	<b>In person:</b>	Office of Fair Trading	Office of Fair Trading	GPO Box 3111	21st Floor, State Law Building	Brisbane QLD 4001.	50 Ann Street (Cnr George St.),		Brisbane QLD 4000.		The counter is open Monday to Friday,		8:30 am to 4:30 pm.
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<p><b>Payment details</b></p> <p><b>Credit card payment</b></p> <p>Charge my:</p> <p>Credit card no.:</p> <p>Cardholder's name:</p> <p>Amount authorised:</p> <p>Cardholder's signature:</p>	<p><input type="checkbox"/> Cash      <input type="checkbox"/> Credit card      <input type="checkbox"/> Money order      <input type="checkbox"/> Cheque</p> <p>Make money order or cheque payable to the Office of Fair Trading.</p> <p><b>A receipt will not be issued unless specifically requested.</b></p> <p><input type="checkbox"/> Mastercard      <input type="checkbox"/> VISA      <input type="checkbox"/> AMEX</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>.....</p> <p>\$ .....    Expiry date: <input type="checkbox"/><input type="checkbox"/> / <input type="checkbox"/><input type="checkbox"/></p> <p style="text-align: center;">M      M      Y      Y</p> <p>.....</p>														