



# Business Plan

WESTERN AUSTRALIA POLICE FORCE  
**LICENSING SERVICES**  
 LICENSING ENFORCEMENT DIVISION  
 303 SEVENOAKS STREET CANNINGTON  
 WESTERN AUSTRALIA 6107  
 POST: LOCKED BAG 9 EAST PERTH WA 6892  
 EMAIL: [licensingervicesfirearms@police.wa.gov.au](mailto:licensingervicesfirearms@police.wa.gov.au)

TELEPHONE: 1300 171 011

*This Business Plan must be completed and submitted as part of a Dealer, Repairer, Manufacturer and Corporate licence Application.*

**Please select relevant licence type:**

*Note: You must only select one*

Firearm Dealer Licence

Firearm Repairer Licence

Firearm Manufacturer Licence

Corporate Firearm Licence

## Company/Business Details

Trading Name  Structure  ABN

Unit / Lot / Level  Street Number  Street Name

Street Type  Suburb

State  Post Code  Email

Business Phone  Fax Number  Mobile Phone

Provide a brief description of proposed business activity

**Provide the address from which you intend to operate the business.**

Unit / Lot / Level  Street Number  Street Name

Street Type  Suburb

State  Post Code

## Corporate Structure

Please complete and attach a Nominated Person Form for each named person and lodge with your application.

Person 1

Surname  Given Names  Date of Birth

Company Role   Nominated Person Application completed

Person 2

Surname  Given Names  Date of Birth

Company Role   Nominated Person Application completed

Person 3

Surname  Given Names  Date of Birth

Company Role   Nominated Person Application completed



# Business Plan

WESTERN AUSTRALIA POLICE FORCE  
LICENSING SERVICES  
LICENSING ENFORCEMENT DIVISION  
303 SEVENOAKS STREET CANNINGTON  
WESTERN AUSTRALIA 6107  
POST: LOCKED BAG 9 EAST PERTH WA 6892  
EMAIL: [licensingervicesfirearms@police.wa.gov.au](mailto:licensingervicesfirearms@police.wa.gov.au)

TELEPHONE: 1300 171 011

## Corporate Structure continued

Person 4

Surname  Given Names  Date of Birth   
Company Role   Nominated Person Application completed

Person 5

Surname  Given Names  Date of Birth   
Company Role   Nominated Person Application completed

Person 6

Surname  Given Names  Date of Birth   
Company Role   Nominated Person Application completed

Person 7

Surname  Given Names  Date of Birth   
Company Role   Nominated Person Application completed

Person 8

Surname  Given Names  Date of Birth   
Company Role   Nominated Person Application completed

Person 9

Surname  Given Names  Date of Birth   
Company Role   Nominated Person Application completed

Person 10

Surname  Given Names  Date of Birth   
Company Role   Nominated Person Application completed

Person 11

Surname  Given Names  Date of Birth   
Company Role   Nominated Person Application completed

Person 12

Surname  Given Names  Date of Birth   
Company Role   Nominated Person Application completed



# Business Plan

WESTERN AUSTRALIA POLICE FORCE  
LICENSING SERVICES  
LICENSING ENFORCEMENT DIVISION  
303 SEVENOAKS STREET CANNINGTON  
WESTERN AUSTRALIA 6107  
POST: LOCKED BAG 9 EAST PERTH WA 6892  
EMAIL: [licensingervicesfirearms@police.wa.gov.au](mailto:licensingervicesfirearms@police.wa.gov.au)

TELEPHONE: 1300 171 011

## Associates

Please list the details of each person who is a close associate of the applicant (holding any financial interest or entitled to exercise authority or influence in the business or holds a relevant position whether in their own right or on behalf of any other person, in the business of the applicant).

### Associate 1

Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Company Role	<input type="text"/>				

### Associate 2

Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Company Role	<input type="text"/>				

### Associate 3

Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Company Role	<input type="text"/>				

### Associate 4

Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Company Role	<input type="text"/>				

### Associate 5

Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Company Role	<input type="text"/>				

### Associate 6

Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Company Role	<input type="text"/>				

### Associate 7

Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Company Role	<input type="text"/>				

### Associate 8

Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Company Role	<input type="text"/>				

### Associate 9

Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Company Role	<input type="text"/>				



# Business Plan

WESTERN AUSTRALIA POLICE FORCE  
**LICENSING SERVICES**  
 LICENSING ENFORCEMENT DIVISION  
 303 SEVENOAKS STREET CANNINGTON  
 WESTERN AUSTRALIA 6107  
 POST: LOCKED BAG 9 EAST PERTH WA 6892  
 EMAIL: [licensingervicesfirearms@police.wa.gov.au](mailto:licensingervicesfirearms@police.wa.gov.au)

TELEPHONE: 1300 171 011

## Details of Other Licences

Please provide the details of all licences held with Western Australia Police.

### Firearm

Licence Type	<input type="text"/>	Licence Number		Expiry Date	<input type="text"/>
Licence Type	<input type="text"/>	Licence Number		Expiry Date	<input type="text"/>
Licence Type	<input type="text"/>	Licence Number		Expiry Date	<input type="text"/>
Licence Type	<input type="text"/>	Licence Number		Expiry Date	<input type="text"/>
Licence Type	<input type="text"/>	Licence Number		Expiry Date	<input type="text"/>
Licence Type	<input type="text"/>	Licence Number		Expiry Date	<input type="text"/>

### Security Agent

Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Licence Type	<input type="text"/>	Licence Number	<input type="text"/>	Expiry Date	<input type="text"/>
Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Licence Type	<input type="text"/>	Licence Number	<input type="text"/>	Expiry Date	<input type="text"/>
Surname	<input type="text"/>	Given Names	<input type="text"/>	Date of Birth	<input type="text"/>
Licence Type	<input type="text"/>	Licence Number	<input type="text"/>	Expiry Date	<input type="text"/>

The Information provided in this application (Bussiness package and attachments) Is true and correct as of

Date

I am aware that if i have provided false or missleading information in this application, this may result in this application being declined.

Applicant  
Signature

Applicant Name

Date



# Business Plan

WESTERN AUSTRALIA POLICE FORCE  
LICENSING SERVICES  
LICENSING ENFORCEMENT DIVISION  
303 SEVENOAKS STREET CANNINGTON  
WESTERN AUSTRALIA 6107  
POST: LOCKED BAG 9 EAST PERTH WA 6892  
EMAIL: [licensingervicesfirearms@police.wa.gov.au](mailto:licensingervicesfirearms@police.wa.gov.au)















TELEPHONE: 1300 171 011

## Checklist

This business plan document which you are required to complete in support of your application must be completed in full.

Your business plan must include these key supporting documents as evidence of the need for the firearm licence.

If you select Not Applicable, you must provide suitable reasons as to why this information is not required.

-  1. Details of the security arrangements you have in place for the storage of the firearms.  Completed  
 N/A
-  2. A letter of intent from the Principal of the business/company showing authorisation for you as a nominated person  Completed  
 N/A
-  3. Reasons why the firearm/s are required  Completed  
 N/A
-  4. Letter of Approval from your Local Government Authority for operation of the business at the premises and that they are aware firearms will be kept at that location.  Completed  
 N/A
-  5. Storage Declaration Form 22  Completed  
 N/A
-  6. Please supply photographs in support of the Storage Declaration Form 22 showing compliance with the Firearms Act 1973 and the Firearms Regulations 1974  Completed  
 N/A
-  7. Plan of the premises: copy of building plans for the nominated business premises clearly showing detailed layout and dimensions; identify clearly the location of your storage facility in this plan.  Completed  
 N/A
-  8. Details of contracts with businesses requiring the use of firearms. Either existing or planned. Letters from these businesses will be required to support your application.  Completed  
 N/A
-  9. We require substantiation that your business is an actual entity and that you are a Principal of the business. Please provide us with a Certificate of Incorporation and a copy of the Business Name Extract from Department of Commerce.  Completed  
 N/A
-  10. Provide a WA Police Firearm Serviceability Certificates for each firearm required.  Completed  
 N/A
-  11. Applications that require the building of a firing range/s whether either indoor or outdoor, must be accompanied by detailed plans endorsed by a Western Australia Police approved and qualified Firearm Range Assessor, to include that such range is suitable its intended purpose. An inspection report must be submitted by the assessor before any approval can be given by WA Police for the use of the range.  Completed  
 N/A
-  12. Security Guard business applicants - eg Cash in transit - are to provide evidence of current completed firearm training and medical authorisations and evidence of contracts requiring the use of such firearm.  Completed  
 N/A
-  13. You are required to provide and maintain a list of personnel authorised/nominated to use the firearms licensed under your Corporate Firearm Licence.  Completed  
 N/A
-  14. Ensure all Nominated Person Application forms have been completed and attached.  Completed  
 N/A