



# NOTIFICATION TO COMMISSIONER OF POLICE BY A SECOND-HAND MARKET OPERATOR

- This form is to notify the Commissioner of Police of a proposal to commence operating a second-hand market.  
(Notification must be given at least one month before commencement)
- Are you a  Sole Trader,  Partnership or  Body Corporate?  
Complete the relevant operator details and Market Details section.  
A separate notification is required for each market location.
- Print details in black or blue pen and  cross appropriate boxes.  
If insufficient space, provide attachment.

LEB USE ONLY	
Received by:	
ID	Signature
:	/ /
Time	Date
Data Entry Reference	

## SOLE TRADER

### PERSONAL DETAILS:

Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F Occupation: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### BUSINESS DETAILS:

Trading as: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

## PARTNERSHIP

Partnership Name: \_\_\_\_\_  
 Trading as: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### PARTNER DETAILS:

Details must be provided for each partner – attach additional page(s) if insufficient space

No. of Partners: \_\_\_\_\_  Additional page(s) attached

1. Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
 DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F Occupation: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

2. Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
 DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F Occupation: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

3. Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
 DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F Occupation: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

South Australia Police  
**NOTIFICATION TO COMMISSIONER OF POLICE  
BY A SECOND-HAND MARKET OPERATOR**

PD174

**BODY CORPORATE**

Company Name: \_\_\_\_\_  
Trading as: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Address of Registered Corporate Office: \_\_\_\_\_

**DIRECTOR DETAILS:**

**Details must be provided for each director of the body corporate – attach additional page(s) if insufficient space**

**No. of Directors:** \_\_\_\_\_  **Additional page(s) attached**

1. Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F Occupation: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

2. Family Name: \_\_\_\_\_ Given Name(s): \_\_\_\_\_  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F Occupation: \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**MARKET DETAILS (THIS SECTION MUST BE COMPLETED BY ALL OPERATORS)**

Name in which market will be operated:  
\_\_\_\_\_  
\_\_\_\_\_

Location(s) and address(es) at which market will be held: (e.g. car park, town high school, main street, local town etc.)

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_

Is the proposed market to be operated on a continuing basis?  Yes  No

Time and days / dates when market will be operated: (e.g. 9am – 1pm 18/2/14; 8am – 4pm on first and third Sundays each month, commencing January 2015 etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address(es) at which records will be kept:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**South Australia Police**  
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PD174

Will Prescribed Goods (as defined in Regulation 3 of the Second-hand Dealers and Pawnbrokers Regulations 2013) be sold at the market?

NO  YES

Provide a brief description of the nature of the market at which goods will be sold (e.g. antique, trash & treasure market) and a description of the types of goods, including prescribed and non-prescribed goods, which will be sold:

Address for service of documents: .....

Fax no. for service of documents: .....

Contact person for enquiries: (Name) .....

Telephone: ..... Mobile: ..... Email: .....

**STATUTORY DECLARATION**

**SOUTH AUSTRALIA**

I, .....  
(Full Name)

of .....  
(Address)

do solemnly and sincerely declare that to the best of my knowledge, all the information provided in this Notice (including any attachments) is complete and accurate. And I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1936*.

Declared at ..... in the State of South Australia

on this ..... day of ..... year .....

..... Before me – .....  
(Signature) (Authorised witness in and for the State of South Australia)

**INTERSTATE**

**PLEASE NOTE: If this form is declared outside of South Australia an additional Statutory Declaration in the format required by that state or territory MUST be completed and signed before an authorised witness. Attach this declaration to the completed notification.**

**IMPORTANT**

Penalties may be incurred for making a false declaration pursuant to Section 27 of the Oaths Act 1936 and Section 20 of the Second-hand Dealers and Pawnbrokers Act 1996.

In accordance with Section 15(4) of the Act and Regulation 13(2), a second-hand dealer is required to give written notice to the Commissioner of Police within **14 days** of any changes to information supplied.

**POST TO: SECOND-HAND DEALERS SECTION**  
**LICENSING ENFORCEMENT BRANCH**  
**SA POLICE**  
**GPO BOX 1539, ADELAIDE SA 5001**