

Barring Order - Misconduct Grounds

Order barring a person from entering or remaining on a business premises

For offences, offensive or disorderly behaviour or other reasonable grounds

The Following person is barred

Name: _____ Alias: _____
Address (if known): _____
Other Contact Information (e.g. email): _____
This person has been barred from this premises on: _____(zero/number) previous occasions.

The person is barred from the following business premises

Business Name: _____
Address: _____

The person is barred for the following period (select one only)

<input type="checkbox"/> Up to three (3) months maximum: _____
<input type="checkbox"/> Up to six (6) months maximum: _____
<input type="checkbox"/> Indefinite or any other specified: _____

Start and end date of barring (based on the duration selected above)

This person is barred from this premises from: _____/_____/_____ to: _____/_____/_____
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Details of the misconduct giving rise to the barring order

Visual description of the individual

Authorized person making the barring order (business owner or manager)

Name: _____
Position/Job Title: _____
Signature: _____ Date: _____

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Important information for the person barred

Offense

It is an offense to enter or remain on the business premises from which you have been barred during the specified period.

It is an offense to contact the business outside of email during the specified period.

Maximum penalty: \$5000

Revoking a barring order

The barred individual may request a removal of the barring by emailing the business with the request.

It is up to the business to decide whether they accept the request or not.

Business email: _____

I understand that I am barred from this business/location and in signing this, the business will not contact the authorities at this time.

I understand that if I breach the conditions of the barring order, authorities will be involved.

I understand that there is the potential of a penalty up to \$5000 for breaching the conditions of the barring order.

Name: _____

Signature: _____ Date: _____