



ACT
Government

Justice and Community Safety

APPLICATION FOR A TOBACCO LICENCE

Tobacco Act 1927

PURPOSE

This form is to be used to apply for a tobacco licence under the *Tobacco Act 1927* (the Act). You can access the legislation at www.legislation.act.gov.au. You may also obtain further information and forms at www.ors.act.gov.au.

PRIVACY

The Act authorises the Registrar of Tobacco to collect the personal information required by this form for the purposes of issuing a licence under the Act. The Registrar of Tobacco prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (C'wlth). The Registrar of Tobacco provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

CONTACT

Office of Regulatory Services Shopfront
255 Canberra Avenue, Fyshwick ACT 2609

Office of Regulatory Services Postal Address
GPO Box 158, Canberra City ACT 2601

Opening Hours 9:00am to 4:30pm Monday to Friday

Website www.ors.act.gov.au Email ors.bil@act.gov.au

General Enquiries (02) 6207 3000

Fax Number (02) 6207 0424

INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

- Complete this form using a black or blue pen only.
- If the applicant is a company, a separate applicant details page of this form must be completed by each company director.
- If the applicant is a partnership, a separate applicant details page must be completed by each partner.
- All tobacco licences are subject to conditions. Generally there will be standard conditions for a particular licence type being either a wholesale tobacco merchant's licence or a retail tobacconist's licence. However, there may be specific conditions applicable to your licence. You should discuss these with the Office of Regulatory Services prior to the issue of a licence.

TRANSLATING AND INTERPRETING SERVICE

If you require further information or require advice, a language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.



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APPLICANT DETAILS *(Each individual proprietor, company director or partner must complete a separate applicant details form)*

TITLE <i>(Mr, Ms)</i>		GIVEN NAMES				SURNAME													
HOME ADDRESS <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i>																			
CITY / SUBURB / TOWN			STATE / TERRITORY				POSTCODE												
POSTAL ADDRESS <i>(If different to home address)</i>																			
CITY/ SUBURB/ TOWN			STATE / TERRITORY				POSTCODE												
HOME TELEPHONE NUMBER					MOBILE TELEPHONE NUMBER														
()																			
WORK TELEPHONE NUMBER					EMAIL ADDRESS														
()																			
COMPANY NAME <i>(If applicable)</i>					AUSTRALIAN COMPANY NUMBER (A.C.N.) <i>(If applicable)</i>														
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PARTNERSHIP NAME <i>(If applicable)</i>					AUSTRALIAN BUSINESS NUMBER (A.B.N.) <i>(If applicable)</i>														
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APPLICANT STATEMENT

Does the applicant hold another tobacco licence, the variation of which currently prohibits the sale of smoking products at the premises, or currently disqualified from holding a tobacco licence for the premises in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant currently disqualified from holding a tobacco licence, other than a disqualification relating to a particular premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the period 2 years prior to the date of this application have any 2 offences in relating to the sale or supply of smoking products to a person under 18 years of age been found proven, whether a conviction was recorded, in respect of the applicant in the ACT or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I, _____, confirm that the information supplied in this application is true and accurate and understand that the provision of false or misleading information is an offence.

Signature:

Date: / /

PARTICULARS OF PREMISES**PREMISES ADDRESS** *(Property Name, Unit, Flat No, Street Number, Street Name)***REGISTERED BUSINESS NAME** *(If applicable)***CITY / SUBURB / TOWN****STATE / TERRITORY****POSTCODE****POSTAL ADDRESS DETAILS** *(If different to premises address)***CITY/ SUBURB/ TOWN****STATE / TERRITORY****POSTCODE****CONTACT TELEPHONE NUMBER OF PREMISES****CONTACT FAX NUMBER OF PREMISES****CONTACT MOBILE NUMBER OF PREMISES** *(If applicable)***CONTACT EMAIL ADDRESS OF PREMISES** *(If applicable)***LICENCE TYPE BEING APPLIED FOR** Wholesale Tobacco Merchant Retail Tobacconist Retail Tobacco Specialist**LIQUOR LICENCE** *(Only complete if a liquor licence applies to this premises)***TYPE OF LIQUOR LICENCE****LIQUOR LICENCE NUMBER****NUMBER OF POINTS OF SALE** *(Up to 5)* Club General On**VEHICLE, VESSEL OR AIRCRAFT** *(Only complete if wholesaling or retailing tobacco products from a vehicle, vessel or aircraft applies)***TYPE OF VEHICLE, VESSEL OR AIRCRAFT** *(Make and model)***REGISTRATION NUMBER**

CHECKLIST

CERTIFICATES, APPROVALS & OTHER ATTACHMENTS <i>(Where applicable)</i>	ATTACHED
A company extract issued by the Australian Securities and Investments Commission (ASIC) dated no older than 30 days prior to the date of this application. Alternatively the Office of Regulatory Services can perform this for a fee.	<input type="checkbox"/> Yes <input type="checkbox"/> No
A plan of the premises clearly showing where tobacco products will be sold in the premises noting that only one point of sale is permitted unless the applicant is the holder of a club, general or on liquor licence.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Two current proof of identity documents, one of which must bear a photograph of you that is still a good likeness, such as a driver's licence or passport for each individual applicant, partner or each influential person where the applicant is a corporation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETED FORMS TO BE RETURNED

In Person:

Office of Regulatory Services
255 Canberra Avenue
Fyshwick ACT 2609
Hours: 9.00am – 4.30pm

By Post:

Office of Regulatory Services
Business and Industry Licensing
GPO Box 158
Canberra, ACT 2601