



**ACT**  
Government

Justice and Community Safety

## RENEWAL OF A TOBACCO LICENCE

*Tobacco Act 1927*

### PURPOSE

This form is to be used to renew a tobacco licence under the *Tobacco Act 1927* (the Act). You can access the legislation at [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information and forms at [www.ors.act.gov.au](http://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](http://www.ors.act.gov.au) Email [ors.bil@act.gov.au](mailto: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.
- 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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### LICENSEE DETAILS

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

### 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 LICENCE AND PREMISES** *(Complete a separate form for each premises)*

|   |   |  |
|---|---|--|
| <b>LICENCE NUMBER</b>   | <b>LICENCE TYPE</b>   |  |
|   | <input type="checkbox"/> Wholesale Tobacco Merchant             | <input type="checkbox"/> Retail Tobacconist <input type="checkbox"/> Retail Tobacco Specialist |
| <b>PREMISES ADDRESS</b> <i>(Property Name, Unit, Flat No, Street Number, Street Name)</i> |   |  |
|   |   |  |
| <b>REGISTERED BUSINESS NAME</b> <i>(If applicable)</i>                                    |   |  |
|   |   |  |
| <b>CITY / SUBURB / TOWN</b>   | <b>STATE / TERRITORY</b>  | <b>POSTCODE</b>  |
|   |   |  |
| <b>POSTAL ADDRESS DETAILS</b> <i>(If different to premises address)</i>                   |   |  |
|   |   |  |
| <b>CITY/ SUBURB/ TOWN</b>   | <b>STATE / TERRITORY</b>  | <b>POSTCODE</b>  |
|   |   |  |
| <b>CONTACT TELEPHONE NUMBER OF PREMISES</b>   | <b>CONTACT FAX NUMBER OF PREMISES</b>                           |  |
|   |   |  |
| <b>CONTACT MOBILE NUMBER OF PREMISES</b> <i>(If applicable)</i>                           | <b>CONTACT EMAIL ADDRESS OF PREMISES</b> <i>(If applicable)</i> |  |
|   |   |  |

**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