



Application for a Licence to Sell Tobacco Products

Form TC1B

Tobacco Products Control Act 2006

Application guide checklist – multiple premises

Important information for the applicant

This **guide** is to assist with the completion of this application form.

Check list

Age

A licence will not be issued to a person under 18 years of age.

Licence type – multiple premises

Application for licence

(a) Type of licence

- Retail sale – which has the normal meaning of retail sale (includes sales from vending machines).
- Indirect sale – where the seller and the purchaser are not in the same place at the same time e.g. sale by fax order, mail order, internet and telephone order.
- Wholesale sale – where the sale is for the purpose of on selling.

(b) Multiple premises/applications

If you are applying for a licence for multiple premises then complete form TC1B.

Applicant information

1. Name of applicant

A licence can be issued to 2 types of applicants – individual or body corporate

- Individual

An individual is a sole trader or a person trading in partnership with one or more persons.

If the individual is conducting a business in partnership with one or more other persons, only one person should make the application.

For an individual, it is the name of an individual person who conducts a business as a sole trader or in partnership with one or more other persons.

e.g.(a) Thomas James Williams, a sole proprietor trading as Tom’s Deli. The name of the applicant is Thomas James Williams. (b) Harold L Smith, Susan R Jones and Horace T Ball, partners trading as HSH Sales. The name of the applicant is any one of the persons in the partnership.

- Body corporate

A body corporate is a person who is an Australian public company, an Australian private company, an association or other incorporated or unincorporated entity.

(Note: For a body corporate you must provide a copy of the ASIC Extract of Company Officers)

For a body corporate, it is the legal entity’s name that appears on all legal and official documents.

This name may be different to the trading name of the entity.

e.g. Joe Bloggs Pty Ltd as the Trustee for the Joe Bloggs Family Trust. The applicant is Joe Bloggs Pty Ltd. XYZ Pty Ltd, trading as XYZ Sales. The applicant is XYZ Sales Pty Ltd.

Suitability of applicant – individual and body corporate

2. Applicant must answer all questions (a) to (e)

A licence can only be issued to a person who is fit and proper to hold a licence. The applicant is required to answer “Yes” or “No” to all the questions listed on the application form.

WA Health will conduct random audits of licence applications to assess an applicant’s probity which may require an applicant to provide a national criminal screening record.

If the applicant is an **individual**, the questions apply only to the individual, not any partners with whom that the applicant is in partnership.

For **body corporates**, the questions apply to all officers of the body corporate.

Under Question 3(b) and (c) “corresponding law” means a law of another Australian State or Territory or of the Commonwealth that corresponds to or has similar purposes to the *Tobacco Products Control Act 2006*.

If you answer yes to any of the questions in question 3 then the following information must be provided:

- (a) Criminal records relating to any conviction of the applicant;
- (b) Any decision in proceedings before a tribunal such as the State Administration Tribunal (SAT), to which the applicant has been party;
- (c) Any documents relating to pending charges or any other information that may be necessary to assist in assessing if the applicant is a fit and proper person to hold a licence.

Applicant address details

4. Business – Contact Details

The detail to be entered here is the postal address of the applicant. This address will be used to post all information about licensing, including renewal notices.

Authorisation to make application

5. Details and signature of person making application

If the applicant is –

An individual named in Question 1, a signature is required at point 5(a).

A body corporate, a director or a nominated person under a power of attorney is required to authorise this application on behalf of the Corporation at point 5(b).

Contact person for queries about application

6. Provide contact details for an alternative person, who is not the applicant, that we may contact if there is a query regarding this application.

Licence type – multiple premises

A licence to sell tobacco products must specify the premises to which it applies, which is the address at which tobacco products are sold. It is important to include all address details of the premises to clearly distinguish the premises.

List all premises requiring a tobacco sellers licence.

7. Premises

An example of the required address is:

Business name:	THE TRADING NAME SHOP	
Office/shop/unit/level and number:	SHOP 6, 1ST FLOOR	
Name of building/shopping centre/other:	METROPOLITAN SHOPPING CENTRE	
Street/lot or location number:	123 MIDDLETOWN HIGHWAY	
Suburb/City	PERTH	Postcode: 6000

Leave blank if there is not an office/shop/unit/level number or name of building etc.

Payment options

Prescribed fees must accompany application and apply to each of the premises requiring a licence.

Retail sale \$240.00

Indirect sale \$240.00

Wholesale sale \$600.00

If a licence for more than one type of sale is sought, the fees for each type of sale must be paid.

Contact WA Health on 1300 784 892 for your customer reference number if you would like to make internet or telephone payment.



Biller code: 474148

Ref:

Telephone & internet banking – BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings or transaction account.

Record BPAY® receipt number here: _____



Biller code: 474148

Ref:

Telephone & internet banking – BPOINT®

Pay with your Credit Card (Visa or MasterCard) using BPOINT®

Phone: 1300BPOINT (1300 276 468)

Web: <https://www.bpoint.com.au/payments>

Record BPOINT® receipt number here: _____

Cheque

Make Cheque payable to “Department of Health” and send with this application form (Lodgement details on application form).



Application for a licence to sell tobacco products – multiple premises

Tobacco Products Control Act 2006

Office use only:

Important information for the applicant

- This form is to be completed if you are applying for a licence for multiple premises.
- Read the Application Guide before completing this form.
- Please use dark ink and print neatly using BLOCK LETTERS.
- Tick applicable boxes.

Web: www.tobaccocontrol.health.wa.gov.au
 Business hours: 8.30am – 4.30pm Monday-Friday
 For interpreter services contact TIS National on 131 450

Lodgement Information:

Post: WA Health, PO Box 1335,
 WEST LEEDERVILLE WA 6901
 Fax: 08 9382 0770 Email: tcb@health.wa.gov.au

Applicant information

1. Name of applicant – If an individual, first name + middle name(s) + surname

(Proof of ID must also be provided – applicant’s current driver’s licence or current passport)

OR

Name of applicant – If a body corporate, name of body corporate

(Applicant must **not** be in a *trust name*. An ASIC extract of company officers/directors must be provided)

2. Applicant’s ACN (Australian Company Number)

Suitability of applicant – individual and body corporate

3. Applicant must answer ALL questions (a) to (e)

(If a body corporate is the applicant, the following questions must be completed on behalf of the body corporate and all office holders)

	Yes	No
(a) Has the applicant been refused or disqualified from holding a licence under the <i>Tobacco Products Control Act 2006 (Act)</i> or a corresponding law?	<input type="checkbox"/>	<input type="checkbox"/>
(b) Has the applicant been issued with a Licence under the Act or a corresponding law that is suspended?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Has the applicant at any time been convicted of an offence under the Act, a corresponding law or the repealed <i>Tobacco Control Act 1990</i> ?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Has the applicant at any time, in the 10 years prior to this application, been convicted anywhere in the world of an offence involving fraud or dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>
(e) Is the applicant the subject of a pending charge anywhere in the world for an offence involving fraud or dishonesty?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above questions, additional information is required. See Application Guide.

Important note for all applicants: WA Health may require an applicant to provide a national criminal screening record.

Applicant address details

4. Business contact details

(a) If applicant is the individual named at section 1:

Postal Address:

Suburb/city:

Postcode:

Telephone/Mobile:

Fax:

Email:

Authorisation to make application

5. Applicant signature

(a) If applicant is the individual named at section 1:

Signature:

Date:

If a partnership, an authorised partner must sign this application:

Signature:

Date:

or

(b) If applicant is the Body Corporate named at section 1 a Director must sign this application:

(For other organisations see Application Guide.)

First Name:

Surname:

Position:

Date of birth:

Signature:

Warning – a person must not, in relation to the issue of a licence, give false or misleading information. Penalties of up to \$20,000 apply for false or misleading information.

6. Contact person for queries about application

First Name:

Surname:

Position:

Telephone:

Fax:

Email:

Payment options

Prescribed fees for each of the premises requiring a licence **must accompany application**. Refer to the second page of the **Application Guide** for details of the fees required to be paid.

Licence type – multiple premises

7. Premises

List the premises for which the applicant wishes to apply for a Licence to sell tobacco products.
A record of registration is required for each of the premises with a registered business name.

(a) I/We apply for a Licence to sell tobacco products by way of the following type of types of sale:

Retail sale Indirect sale Wholesale sale

Business name:

Office/shop/unit/level and number:

Name of building/shopping centre/other:

Street number and name:

Suburb/city: Postcode:

Retail sale Indirect sale Wholesale sale

Business name:

Office/shop/unit/level and number:

Name of building/shopping centre/other:

Street number and name:

Suburb/city: Postcode:

Retail sale Indirect sale Wholesale sale

Business name:

Office/shop/unit/level and number:

Name of building/shopping centre/other:

Street number and name:

Suburb/city: Postcode:

Retail sale Indirect sale Wholesale sale

Business name:

Office/shop/unit/level and number:

Name of building/shopping centre/other:

Street number and name:

Suburb/city: Postcode:

Retail sale Indirect sale Wholesale sale

Business name:

Office/shop/unit/level and number:

Name of building/shopping centre/other:

Street number and name:

Suburb/city:

Postcode:

Retail sale Indirect sale Wholesale sale

Business name:

Office/shop/unit/level and number:

Name of building/shopping centre/other:

Street number and name:

Suburb/city:

Postcode:

Retail sale Indirect sale Wholesale sale

Business name:

Office/shop/unit/level and number:

Name of building/shopping centre/other:

Street number and name:

Suburb/city:

Postcode:

Retail sale Indirect sale Wholesale sale

Business name:

Office/shop/unit/level and number:

Name of building/shopping centre/other:

Street number and name:

Suburb/city:

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Retail sale Indirect sale Wholesale sale

Business name:

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