

Application for internal review of a tobacco licensing decision

Use this form if you are a person whose interests are affected by a reviewable decision regarding a tobacco licence. A list of reviewable decisions can be found at section 3 of *Tobacco Act 1987*.

You must apply for an internal review within 28 days of receiving the notice of the original decision or the statement of reasons for the decision. If more than 28 days has passed, you must demonstrate that exceptional circumstances apply.

How to apply

1. Complete this form using a computer or tablet. You can save your progress and continue later.
2. Sign the completed form.
3. Submit the form.

You can print this form and complete it by hand if required. Applications must be completed in **black** pen.

Where to submit this form

Please email the completed and signed form to Tobacco Licensing Victoria (TLV) at contacttobacco@justice.vic.gov.au

What happens after you apply?

TLV has 28 days to review the decision and make a new decision. TLV can either affirm or vary the original decision or make a new decision. If TLV does not make a decision within 28 days, the original decision is considered affirmed.

If you are unsatisfied with outcome of TLV's internal review, you can apply to VCAT.

Privacy

Tobacco Licensing Victoria (TLV) is committed to protecting the personal information we collect about you, and to handle and manage your personal information in compliance with our obligations under the *Privacy and Data Protection Act 2014* and the *Tobacco Act 1987*. The personal information collected will only be used for the purposes of fulfilling the functions of the Regulator under the *Tobacco Act 1987*.

Personal information is not disclosed to third parties unless required or authorised by law, or with your consent. As part of the application process, information provided may be forwarded to Victoria Police to conduct criminal history checks and ascertain suitability of the applicant holding or obtaining a tobacco licence.

You may request access to the personal information we hold about you by making a request under Freedom of Information. If you have any concerns or questions about the way we collect your information, you can write to us at contacttobacco@justice.vic.gov.au or read the DJCS Information Privacy Policy at www.justice.vic.gov.au/your-rights/privacy/information-privacy-policy.

Further help and information

If you need help or are unable to submit this form via email, you can

- visit the TLV website at www.vic.gov.au/tobacco-licensing
- email TLV at contacttobacco@justice.vic.gov.au

Application for internal review of a tobacco licensing decision

Internal review applicant details

You can only apply for a review if your interests are affected by the decision AND if it is a 'reviewable decision' under section 3 of the *Tobacco Act 1987*. Please consider if you meet these criteria and seek legal advice if needed. If you do not meet the criteria, TLV will not be able to consider this application.

First name(s):

.....

Middle name(s):

.....

Family name:

.....

Phone:

.....

Email:

.....

Postal address

Street:

.....

Suburb/City:

.....

State:

Post code:

.....

--	--	--	--	--

My involvement in the original decision is:

☐ I am an applicant, proposed transferee or licensee.

☐ Other – please describe in the space provided.

Please describe your involvement in the original decision:

.....

.....

.....

.....

.....

.....

Licence details

Licensee or applicant name:
(person, partnership, body corporate)

.....

Tobacco licence number:

.....

☐ Not applicable

Licence type

☐ Retail ☐ Wholesale

Address of licensed tobacco premises or proposed premises

Street:

.....

Suburb/City:

.....

State:

Post code:

.....

--	--	--	--	--

Decision details and time limits for applications

What was the decision you are applying to review?
(select one box only)

- ☐ Refusal to grant a licence
- ☐ Refusal to renew a licence
- ☐ A decision to impose a condition(s) on a licence
- ☐ Variation of a licence
- ☐ Refusal to vary a licence
- ☐ Suspension or cancellation of a licence
- ☐ Refusal to suspend or cancel a licence
- ☐ Disqualification of a person to hold a licence
- ☐ Refusal to grant a relocation
- ☐ Refusal to transfer a licence

Please attach a copy of the decision to this application.

Date of decision:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date you received notice of the decision:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date you received a statement of reasons:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

☐ Not applicable

Have more than 28 days passed since the date(s) above?

☐ Yes ☐ No

If more than 28 days have passed, you must demonstrate that exceptional circumstances exist to make this application. Please provide a reason(s) below about why exceptional circumstances apply in this case. If there is not enough space, please add an attachment.t.

Please provide the reason(s) why you are applying for a review of the decision and the outcome you are seeking. You may attach or provide any other information you consider to be relevant. If there is not enough space, please add an attachment.

Additional information

☐ I can provide additional information which was not provided to the original decision maker.

Please provide a short summary of why this information was not provided to the original decision maker. If there is not enough space, please add an attachment.

Application for internal review of a tobacco licensing decision

Declaration

If the applicant is

- a person, that person must sign
- a partnership, at least one partner must sign
- a body corporate, at least one director or executive committee member must sign.

It is an offence under the *Tobacco Act 1987* to make false or misleading statements.

I/we declare/certify that:

- I/we have read and understood the above information
- the information in this application is true and correct
- I/we am authorised to sign on behalf of the applicant

☐ I/we have read and agree to the above.

Signature:

.....

Name: (Given name(s), middle name(s), family name)

.....

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Position (if relevant)

.....

Signature:

.....

Name: (Given name(s), middle name(s), family name)

.....

Date:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Position (if relevant)

.....

Signing this form

To sign this form digitally, you must save the file to your computer or mobile and open it in Adobe Reader.

You won't have the option to sign this form if you open it in your web browser.

You can use the free version of Adobe Reader – no purchase or subscription is required to sign this document.