

# Tobacco licence relocation application

Use this form to apply to relocate a licensed tobacco premises in Victoria. The premises must be a permanent structure in Victoria.

## 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](mailto:contacttobacco@justice.vic.gov.au)

## How to pay

Applications must be accompanied by the prescribed fee. Once your application has been submitted, the application fee is non-refundable.

Visit [www.vic.gov.au/tobacco-licensing](http://www.vic.gov.au/tobacco-licensing) to confirm the application fee.

The application fee can be paid by credit card (Visa or MasterCard).

TLV will contact you directly to arrange payment once your application has been received.

## 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](mailto:contacttobacco@justice.vic.gov.au) or read the DJCS Information Privacy Policy at [www.justice.vic.gov.au/your-rights/privacy/information-privacy-policy](http://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](http://www.vic.gov.au/tobacco-licensing)
- email TLV at [contacttobacco@justice.vic.gov.au](mailto:contacttobacco@justice.vic.gov.au)

## Licensee details

Tobacco licence number:

.....

Licence type: ☐ Retail ☐ Wholesale

Licensee name: (person, partnership, body corporate)

.....

## Current licensed tobacco premises address

Street:

.....

Suburb/City:

.....

State:

Post code:

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## New premises details

### Proposed new licensed tobacco premises address

Street:

.....

Suburb/City:

.....

State:

Post code:

.....

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### Premises contact details

Role/title of person in charge of day-to-day operations at the premises:

.....

Contact person name: (Given name(s), family name)

.....

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Premises phone:

.....

Premises email:

.....

Does this business have a website and/or social media accounts?

☐ Yes. Please provide the web address or handle for all that apply.

☐ Website: .....

☐ Facebook: .....

☐ Instagram: .....

☐ TikTok: .....

☐ X (formerly Twitter): .....

☐ YouTube: .....

☐ Other: .....

☐ No

What type is the proposed new licensed tobacco premises? (Please select one)

- |  |   |
|--|---|
| <input type="checkbox"/> Supermarket                 | <input type="checkbox"/> Tobacconist        |
| <input type="checkbox"/> Service station             | <input type="checkbox"/> Convenience store  |
| <input type="checkbox"/> Newsagent                   | <input type="checkbox"/> Hotel/Pub/Bar/Club |
| <input type="checkbox"/> Bottle shop                 | <input type="checkbox"/> Warehouse          |
| <input type="checkbox"/> Community club/organisation |   |
| <input type="checkbox"/> Other. Please describe:     |   |

.....

What type of products will be sold at the proposed new licensed tobacco premises? (Please select all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Cigarettes           | <input type="checkbox"/> Tobacco (loose processed) |
| <input type="checkbox"/> Cigars or cigarillos | <input type="checkbox"/> Pipe tobacco              |
| <input type="checkbox"/> Shisha tobacco       | <input type="checkbox"/> Other. Please describe:   |

.....

What is the proposed manner of sale at the proposed new licensed tobacco premises? (Please select all that apply)

- ☐ Shop front/over the counter
- ☐ Online
- ☐ Vending machine
- ☐ Other. Please specify:

.....

Are any other shop or business names associated with the proposed new licensed tobacco premises? (For example, any name other than the licensee's name that is or will be displayed on the premises or used by the licensee for the purpose of identifying or drawing attention to the licensee's tobacco supply business at the premises.)

☐ Yes. Other shop/business name:

.....

☐ No

Does the new premises have a liquor licence?

☐ Yes. Liquor licence number:

.....

☐ No

When do you want the relocation to take effect?

D	D	M	M	Y	Y	Y	Y
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TLV does not guarantee that the outcome of the application will be determined by the requested date. Processing times depend on the information provided and any police and probity checks.

## Premises ownership

Does the licence holder own the new premises?

☐ Yes ☐ No

If the licence holder does **NOT** own the new premises, please provide the contact information of the owner of the premises, or a person who may be contacted on their behalf (e.g. landlord or real estate agent).

Contact name: (Given name(s), family name)

.....

Phone:

.....

Email:

.....

**Address**

Street:

.....

Suburb/City:

.....

State:

Post code:

.....

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## Declaration and signature

If the licensee 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 have read and understood the above information.
- the information in this application is true and correct.
- I am authorised to sign on behalf of the applicant.
- I/we understand that TLV will only use the information provided on this form in a way permitted by law.

Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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.....  
Name: (Given name(s), middle name(s), family name)

Signature:

Date:

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

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

Signature:

Date:

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

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

### 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.