

Application to request a copy of a licence

Use this form if you are a licensee and wish to obtain a copy of your licence. If you are not a licensee, a public register of licensees will be available on the Tobacco Licensing Victoria (TLV) website in early 2026. Visit www.vic.gov.au/tobacco-licensing

A copy of the licence will only be sent to the address of the licensee. TLV may contact you to verify your identity.

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

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 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 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

Applicant details

- ☐ I am the licensee
- ☐ I am applying on behalf of a licensee

Note: you may only apply on behalf of a licensee if the licensee is a:

- partnership and you are a partner, or
- body corporate and you are director or executive committee member.

A copy of the licence will only be sent to the address of the licensee. TLV may contact you to verify your identity.

Given name(s):

.....

Middle name(s):

.....

Family name:

.....

Date of birth:

D	D	M	M	Y	Y	Y	Y
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Licensee postal address

Street:

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Suburb/City:

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State:

.....

Post code:

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Phone:

.....

Email:

.....

Application to request a copy of a licence

Licence details

Please provide details for the tobacco licence you would like a copy of.

Tobacco licence number:

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Licensee name:

(natural person, partnership, body corporate)

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Licensed tobacco premises address

Street:

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Suburb/City:

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State:

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Post code:

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Declaration and signature

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

I/we declare/certify that:

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

Signature:

.....

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

.....

Date:

D	D	M	M	Y	Y	Y	Y
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Signature:

.....

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

.....

Date:

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

Signature:

.....

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

.....

Date:

D	D	M	M	Y	Y	Y	Y
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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.