

Application to suspend or cancel a tobacco licence

Use this form if you are applying to suspend or cancel a tobacco licence.

How to apply

1. Complete this form using a computer or tablet. You can save your progress and continue later.
2. Ensure you have completed the correct section(s) of the form depending on whether you are the licensee or an owner or mortgagee of the licensed premises.
3. Sign the completed form.
4. 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

Who is the applicant?

- ☐ The licensee
- ☐ The owner of the licensed tobacco premises
- ☐ The mortgagee of the licensed tobacco premises

Applicant name:
(person, partnership, body corporate)

.....

Contact name

Given name(s):

.....

Middle name(s):

.....

Family name:

.....

Email:

.....

Phone:

.....

Postal address

Street:

.....

Suburb/City:

.....

State:

Post code:

.....

--	--	--	--

Application to suspend or cancel a tobacco licence

Licence details

Licensee name:
(person, partnership, body corporate)

☐ Same as applicant name

Tobacco licence number:

Licensed tobacco premises address

Street:

Suburb/City:

State:

Post code:

Statement and grounds for application

When do you want the suspension or cancellation to take effect?

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

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

In the case of suspension, please nominate a date for the licence to be reinstated:
(date must be before the licence expires)

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

Licensee applicants

If the applicant is the licensee, please complete the below.

You must select **one** statement that applies to you.

- ☐ I am seeking to **suspend** the tobacco licence nominated on this form.
- ☐ I am seeking to **cancel** the tobacco licence nominated on this form.

What is the reason(s) you want to cancel or suspend the licence? If you need more space, please add an attachment and submit it with this form.

Owner or mortgagee applicants

If the applicant is the owner or mortgagee of the licensed tobacco premises, please complete the below.

You must select **one** statement that applies to you.

- ☐ I am the owner of the licensed tobacco premises who is in lawful possession of the licensed tobacco premises.
- ☐ I am the mortgagee of the licensed tobacco premises who is in lawful possession of the licensed tobacco premises.

You must select **one** statement that applies to you.

- ☐ I am seeking to **suspend** the tobacco licence nominated on this form.
- ☐ I am seeking to **cancel** the tobacco licence nominated on this form.

Please select **all statements** that apply.

On the ground(s) that:

- ☐ the licensee has been legally evicted from the licensed tobacco premises.
- ☐ the licensee has abandoned the licensed tobacco premises.
- ☐ the licensee's lease, sublease, tenancy or other right to occupy the licensed tobacco premises has been lawfully terminated.

You will need to provide evidence with your application to support the ground(s) that you are seeking to suspend or cancel the licence on. Please refer to the Attachment Checklist.

Application to suspend or cancel a tobacco licence

Declaration and signature

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 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
---	---	---	---	---	---	---	---

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.

Attachment Checklist

Yes N/A

- ☐ ☐ For owner and mortgagee applicants.

This can include:

- Notice to vacate.
- Order from VCAT that the property is abandoned.
- Notice of intention to vacate.