

# Application to transfer a tobacco licence to a natural person or partnership

Use this form to apply to transfer a tobacco licence if the proposed transferee is a natural person or partnership. The licensee can be a natural person, partnership, or body corporate.

This form has three parts:

- **Part A** – to be completed by the licensee
- **Part B** – to be completed by the proposed transferee
- **Part C** – to be completed by:
  - » the proposed transferee, if the proposed transferee is applying on their own, or
  - » each partner in the partnership (separately), if the proposed transferee is applying on behalf of a partnership.

If the proposed transferee is a body corporate, please use the *Application to transfer a tobacco licence to a body corporate* form located on the Tobacco Licensing Victoria (TLV) website [www.vic.gov.au/tobacco-licensing](http://www.vic.gov.au/tobacco-licensing)

## 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)

## Definitions

**Associate** – anyone who has, or is likely to have, significant influence over the management or operation of the business, and who either has a **financial interest** in the business or is entitled to exercise any **relevant power**.

**Financial interest** – one or more of the following:

- Any share in the capital of the business
- Any entitlement to receive any income from the business (including beneficiaries of a trust)
- Any entitlement to receive any payment as a result of money advanced.

**Relevant power** – any power, whether by voting or otherwise to participate in any directorial, managerial or executive decision, or to elect or appoint any person as a director.

**Close relatives** – can be

- your spouse or domestic partner
- your parents, child, stepchild, adopted child, sibling, or step sibling
- a close relative of your spouse or domestic partner.

**Key business personnel** – are the partners in the partnership.

**Licensee** – the holder of the tobacco licence being transferred.

**Proposed transferee** – the person or entity to whom the licence will be transferred to.

# Application to transfer a tobacco licence to a natural person or partnership

## Part A – Current licensee

### Application details

Licensee name: (person, partnership, body corporate)

.....

Tobacco licence number:

.....

Proposed transferee name: (natural person or partnership)

.....

When do you want the transfer to take effect?

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
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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.*

### Licensee details

Who is the licensee?

☐ Natural person ☐ Partnership ☐ Body corporate

Licence type: ☐ Retail ☐ Wholesale

#### Street address of licensed premises

Street:

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Suburb/City:

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State:

Post code:

.....

|  |  |  |  |
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#### Postal address of licensed premises

☐ Same as street address

Street:

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Suburb/City:

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State:

Post code:

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#### Licensee contact

Given name(s):

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Middle name(s):

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Family name:

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Phone:

.....

Email:

.....

## Declaration and signature of the licensee

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.

#### I/we declare/certify that:

- the information in this application is true and correct
- I am authorised to sign on behalf of the licensee.

Signature:

.....

Date: 

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

.....

Signature:

.....

Date: 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
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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.**

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# Application to transfer a tobacco licence to a natural person or partnership

## Part B – Proposed transferee

### Application details

Licensee name: (person, partnership, body corporate)

.....

Tobacco licence number being transferred:

.....

Proposed transferee name: (natural person or partnership)

.....

Type of proposed transferee:

☐ A natural person ☐ A partnership

*If the proposed transferee is*

- *a natural person applying on their own behalf, please complete **Part B.1***
- *applying on behalf of a partnership, please complete **Part B.2***

### Part B.1 – Natural persons

Business name:

(The name your customers know you by. If you trade under your own name, you can use that)

.....

Australian Business Number (ABN):

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☐ I don't have one

#### Trustee

Do you intend to operate your business under a trust?

☐ Yes ☐ No

*If you ticked 'Yes', please complete the below and attach the trust deed. If you ticked 'No', please move to the Consent and declaration section on page 5 and then complete Part C of the form.*

Trust name:

.....

#### Trust postal address

Street:

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Suburb/City:

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State:

Post code:

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Trust Australian Business Number (ABN):

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☐ I don't have one

Trust Australian Company Number (ACN):

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☐ I don't have one

Incorporated Association Registration Number:

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☐ I don't have one

Trust phone:

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Trust email:

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### Part B.2 – Partnerships

#### Partnership details

Partnership name:

.....

Business name:

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Australian Business Number (ABN):

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☐ I don't have one

#### Contact name

(This person may be contacted by TLV about this application)

Given name(s):

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Middle name(s):

.....

Family name:

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Phone:

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Email:

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Application to transfer a tobacco licence to a natural person or partnership

Postal address

Street:

.....

Suburb/City:

.....

State: Post code:

.....

Partnership – Key business personnel

Please provide the name and contact details for each partner. If there is not enough space, please provide any additional partners as an attachment.

**All completed parts of this form must be submitted to TLV together.**

If you are a partner completing this application, you will need to include your name below **AND** complete Part C.

Partner 1

Given name(s):

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Middle name(s):

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Family name:

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Phone:

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Email:

.....

Partner 2

Given name(s):

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Middle name(s):

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Family name:

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Phone:

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Email:

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Partner 3

Given name(s):

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Middle name(s):

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Family name:

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Phone:

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Email:

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Partner 4

Given name(s):

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Middle name(s):

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Family name:

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Phone:

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Email:

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Partner 5

Given name(s):

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Middle name(s):

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Family name:

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Phone:

.....

Email:

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# Application to transfer a tobacco licence to a natural person or partnership

## Consent and declaration

Before submitting this form, please ensure that all the information you have given is correct. Making a false or misleading statement is an offence and may lead to your application being refused and a fine.

To submit this form, if the proposed transferee is

- a person, that person must sign
- a partnership, at least one partner must sign

### I declare that:

- I have read the above information.
- I am over the age of 18.
- The information provided is true, accurate, and complete.
- I understand that TLV may compare the information provided against Victoria Police's records for the purposes of determining the proposed transferee's suitability to hold a licence.
- I understand that TLV may conduct inquiries with government agencies in Victoria or in other Australian jurisdictions in relation to the proposed transferee and any of the proposed transferee's associates, in order to assess the application.
- I understand that it is an offence under the *Tobacco Act 1987* to make false or misleading statements in this application, which carries a maximum penalty of 60 penalty units for a natural person or 300 penalty units for a body corporate.
- I understand that if I make a false or misleading statement, the proposed transferee may be found to be unsuitable to hold a licence.
- I understand that if I don't provide requested information (even if it's minor) it might affect the outcome of the application.
- I understand that TLV will retain my information for the purposes of assessing the suitability of the proposed transferee to hold a tobacco licence. TLV may also use this information in the ongoing management of the proposed transferee's tobacco licence if granted.
- I understand that TLV may share the information I provide with Victoria Police in order to determine the suitability of the proposed transferee to hold a tobacco licence.
- I understand that TLV will only use the information in ways that are permitted by law.

Signature:

Date:

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

### Signing this form

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## Attachment Checklist

Yes N/A

☐ ☐ Trust deed.

Application to transfer a tobacco licence to a natural person or partnership

Part C – Natural person or partner

If the applicant is a partnership, then all partners must individually complete Part C of this form. If there is more than one partner, please download and save a version of this form for each person who needs to complete Part C. Once all partners have completed Part C of the form, please attach their responses when submitting your application.

Application details

Licensee name: (person, partnership, body corporate)

Tobacco licence number being transferred:

Proposed transferee name: (person or partnership)

Personal details

Please provide the below details. Your name provided must match identity documents. You must attach a completed Verification of identity documents form which is available on the TLV website at [www.vic.gov.au/tobacco-licensing](http://www.vic.gov.au/tobacco-licensing)

Given name(s):

Middle name(s):

Family name:

Other names you have been known by:  
(including your name before marriage, before changing it legally, or an alias)

Date of birth:

|   |   |   |   |   |   |   |   |
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Phone:

Email:

Home address

Street:

Suburb/City:

State:

Post code:

Postal address

☐ Same as home address provided

Street:

Suburb/City:

State:

Post code:

# Application to transfer a tobacco licence to a natural person or partnership

## Personal history

If you answer 'Yes' to any of the following questions, please provide as much information as possible. If there is not enough space, please add an attachment and submit it with your application.

### Criminal history

In the last five years, have you been found guilty of any offence by any court in Australia or overseas? This includes findings without conviction and good behaviour bonds.

☐ Yes ☐ No

If you answered 'Yes', please provide details, including the date, court, offence, and penalties imposed.

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Do you have any charges pending?

☐ Yes (tick 'Yes' if you have been told you may receive, or currently have, a court summons, or are on bail)  
☐ No

If you answered 'Yes', please provide details including the date and alleged offence.

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### Professional history

Are you currently, or have you ever been, disqualified by the Australian Securities and Investments Commission (ASIC) from acting as a director?

☐ Yes ☐ No

If you answered 'Yes', please tell us the circumstances, year and any other relevant details.

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## Application to transfer a tobacco licence to a natural person or partnership

### Tobacco licensing history

Have you ever, either as a natural person or as a director or executive committee member of a body corporate, been issued with an infringement notice under applicable tobacco legislation in any Australian state or territory?

☐ Yes ☐ No

*If you answered 'Yes', please provide details including the reason you received the notice, whether the notice was accepted and the outcome of any dispute.*

Have you ever been granted or applied for a licence to sell tobacco products in another Australian state or territory? Including as a director, executive committee member, partner or trustee.

☐ Yes ☐ No

*If you answered 'Yes', please provide the state or territory, including if the application was refused, and if so, the reason(s) for refusal.*

Do you currently or have you ever had a tobacco licence refused, suspended or cancelled, or been found to be unsuitable or disqualified from holding a tobacco licence in any Australian state or territory?

☐ Yes ☐ No

*If you answered 'Yes', please provide details including when, in what state or territory and reasons given.*

# Application to transfer a tobacco licence to a natural person or partnership

## Other tobacco supply businesses

Please provide the details of any other business which involves the sale of tobacco (not included in this application) that you (or your partnership, if applicable):

- own
- run
- used to own or run.

This includes businesses based interstate.

☐ No other tobacco supply businesses to declare.

*If you need to provide the details about more than one business, please add an attachment.*

Business name:

Australian Business Number (ABN):

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☐ I don't have one

Australian Company Number (ACN):

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☐ I don't have one

Incorporated Association Registration Number:

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☐ I don't have one

State or Territory in which the tobacco supply business is carried on:

- |   |  |
|---|--|
| <input type="checkbox"/> Australian Capital Territory | <input type="checkbox"/> New South Wales   |
| <input type="checkbox"/> Northern Territory           | <input type="checkbox"/> Queensland        |
| <input type="checkbox"/> South Australia              | <input type="checkbox"/> Tasmania          |
| <input type="checkbox"/> Victoria                     | <input type="checkbox"/> Western Australia |

Tobacco licence number:

☐ I don't have one

Is there anyone else that is likely to have significant influence over the management and operation of the business that is applying for this licence?

☐ Yes ☐ No

*If you answered 'Yes', please answer the following:*

Do they also have a financial interest?

☐ Yes ☐ No

Are they entitled to exercise any relevant power?

☐ Yes ☐ No

*If you need to disclose more than one person, please add an attachment.*

Given name(s):

Middle name(s):

Family name:

Have they ever been known by any other name?

(Including names before marriage, before legally changing it, or an alias)

Date of birth:

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| D | D | M | M | Y | Y | Y | Y |
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Phone:

Email:

## Home address

☐ This address is overseas

Street:

Suburb/City:

State:

Post code:

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## Associates with significant interest

*You need to tell TLV about any associates of the business related to this application. You need to ensure that you understand what an associate is because it has a special meaning in law. Refer to the Definition section and if you are unsure, please seek legal advice.*

*If you are applying as part of a partnership, you do **NOT** need to tell us about other partners in this section. If you intend to operate your business as a trust, you will need to disclose joint trustees and beneficiaries.*

# Application to transfer a tobacco licence to a natural person or partnership

## Relatives

You need to tell TLV about any relatives that:

- are working for any of your businesses
- have worked for one of your businesses in the past
- are likely to work for one of your businesses in the future.

If you're a partner in a partnership, then this includes any businesses that are involved with the sale of tobacco run by the partnership that you have declared in this form.

Refer to the Definitions section if you're unsure who is a close relative.

Do you have any close relatives that are currently working with any of your businesses that sell tobacco, have done so in the past, or will in the future?

☐ Yes ☐ No

If you answered 'Yes', please complete the following. If you need to disclose more than one person, please add an attachment.

Given name(s):

.....

Middle name(s):

.....

Family name:

.....

Have they ever been known by any other name?  
(Including names before marriage, before legally changing it, or an alias)

.....

Date of birth:

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Phone:

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Email:

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## Home address

☐ This address is overseas

Street:

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Suburb/City:

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State:

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Post code:

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## Police check

TLV will need a National Police Check from you. Your police check cannot be older than 3 months.

You must apply for a National Police Check through Services Victoria. [www.service.vic.gov.au/services/national-police-check](http://www.service.vic.gov.au/services/national-police-check)

If you are unable to apply for a National Police Check with Service Victoria due to eligibility requirements, you must apply for an Australian National Police Check through the Australian Federal Police at [www.afpnationalpolicechecks.converga.com.au](http://www.afpnationalpolicechecks.converga.com.au)

# Application to transfer a tobacco licence to a natural person or partnership

## Consent and declaration

Before submitting this form, please ensure all the information that you have given us is correct. Making a false or misleading statement is an offence and may lead to your application being refused and a fine.

### I declare that:

- I have read the above information.
- If I am sharing someone else's personal information as part of the application, then I have received their consent.
- I am over the age of 18.
- The information provided is true, accurate, and complete.
- I understand that TLV may compare the information provided against Victoria Police's records for the purposes of determining the proposed transferee's suitability to hold a licence.
- I understand that TLV may conduct inquiries with government agencies in Victoria or in other Australian jurisdictions in relation to the proposed transferee and any of the proposed transferee's associates, in order to assess the application.
- I understand that it is an offence under the *Tobacco Act 1987* to make false or misleading statements in this application, which carries a maximum penalty of 60 penalty units for a natural person or 300 penalty units for a body corporate.
- I understand that if a false or misleading statement is made, the proposed transferee may be found to be unsuitable to hold a licence.
- I understand that if I don't provide requested information (even if it's minor) it might affect the outcome of the application.
- I understand that TLV will retain my information for the purposes of assessing the suitability of the proposed transferee to hold a tobacco licence. TLV may also use this information in the ongoing management of the proposed transferee's tobacco licence if granted.
- I understand that TLV may share the information I provide with Victoria Police in order to determine the suitability of the proposed transferee to hold a tobacco licence.
- I understand that TLV will only use the information in ways that are permitted by law.

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

- ☐ ☐ Completed **Verification of identity documents** form (including relevant attachments) . This form is available on the TLV website [www.vic.gov.au/tobacco-licensing](http://www.vic.gov.au/tobacco-licensing)
- ☐ ☐ **National Police Check** obtained via Service Victoria. It cannot be older than 3 months. If you cannot obtain one via [Service Victoria](#), you must apply via the [Australian Federal Police](#).