



# Application to amend licence to sell tobacco products at different premises

## Tobacco Products Control Act 2006

FEE - \$93.00

ENQUIRIES – 1300 784 892

### Notification requirement

The licence holder must apply to transfer the licence to the new premises within 28 days of ceasing business at the old premises and return the original licence to the Department of Health within 14 days of receiving an amended licence.

Web: [www.health.wa.gov.au](http://www.health.wa.gov.au)

Business hours: 8.30am – 4.30pm Monday – Friday

For interpreter services contact TIS National on 131 450

### Lodgement information:

Post: Tobacco Control Compliance, PO Box 8172

PERTH BUSINESS CENTRE WA 6849

Email:[tcc.apply@health.wa.gov.au](mailto:tcc.apply@health.wa.gov.au)

### Applicant information

Please use BLOCK LETTERS

*I hereby apply to amend the licence to apply to different premises.*

#### 1. Name of licence holder (applicant)

#### 2. Business name

#### 3. Licence number

       

#### 4. New address in Western Australia to which amended licence is to apply

Shop

Building

Street

Suburb

Street/  
PO Box

Suburb  Postcode

#### 5. Postal address

#### 6. Applicant signature

Must be signed by licence holder or person authorised by licence holder to sign

I .....  
(full name)

Person's signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

#### 7. Details of person who may be contacted about this application

## Lodging the application

### Supporting documentation that must be provided with this application

If there has been a change to the location of the premises since the issue of the licence, an updated business name extract must be provided (available from Australian Securities Investment Commission – ASIC). If you have also changed your business name please ensure this is updated with ASIC.

**This application form must be completed and returned intact with payment or receipt of payment.**

**Post:** Tobacco Control Compliance PO Box 8172 PERTH BUSINESS CENTRE WA 6849

**Email:** [tcc.apply@health.wa.gov.au](mailto:tcc.apply@health.wa.gov.au) **Telephone:** 1300 784 892

### Payment options

***The Department of Health will not issue a receipt for this payment. This document becomes a tax invoice. Please keep a copy for your records.***

#### You can pay by BPAY® or BPoint®

Contact the Department of Health on 1300 784 892 for your Customer Reference Number if you would like to make internet or telephone payment.



Biller code: 474148

Ref:

#### Telephone & internet banking – BPAY®

Contact your bank or financial institution to make this payment from your cheque, savings or transaction account.

**Record BPAY® receipt number here:** \_\_\_\_\_



Biller code: 474148

Ref:

#### Telephone & internet banking – BPOINT®

Pay with your Credit Card (Visa or MasterCard) using BPOINT® INTERNET: <http://www.bpoint.com.au/payments>

Phone: 1300BPOINT (1300 276 468)

**Record BPOINT® receipt number here:** \_\_\_\_\_

### Cheque or money order

Make cheque or money order payable to 'Department of Health' and send with this application form to the address shown in 'Lodging this application'.

### For Office Use Only:

Date Received: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Approved: Y  N

Paid: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_