



Application to amend licence to sell tobacco products at different premises

Tobacco Products Control Act 2006

FEE - \$87.00

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

Business hours: 8.30am – 4.30pm Monday – Friday For interpreter services contact TIS National on 131 450

Lodgement information:

Post: WA Health, PO Box 1335

WEST LEEDERVILLE WA 6901

Email: tcb@health.wa.gov.au

Applicant information

Please use BLOCK LETTERS and a **black** or **blue ballpoint pen**.

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

5. Postal address

Suburb

Postcode

6. Applicantsignature

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

|
 (full name)

Person's signature _____

Date ____ / ____ / ____ Name

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

Telephone _____

Fax _____

Email _____

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: Department of Health, PO Box 1335, WEST LEEDERVILLE WA 6901

Email: tcb@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: ____/____/____

Paid: _____

Approved: Y N

Signature: _____ **Position:** _____

Date: ____/____/____