



Application for a licence to deal in tobacco

IMPORTANT INFORMATION

The information in this form is to be used for assessing eligibility for excise licensing under Part IV of the *Excise Act 1901*.

TO COMPLETE THIS APPLICATION

Read the preceding information carefully. If you need further assistance phone **1300 137 290**.

HOW TO HELP US PROCESS YOUR APPLICATION QUICKLY

- Place in all applicable boxes.
- Print clearly in BLOCK LETTERS using a black or blue pen.

Section A: Applicant details

1 Provide the name of the applicant

2 Does the applicant have an ABN?

No Please provide TFN

Yes Please provide ABN

! While it is not compulsory to provide your ABN or TFN, it will help us process your application promptly.

3 Is the applicant a small business entity?

No Yes

Section B: Details of individuals associated with the management of the business

➤ If insufficient space please attach separate sheet with all relevant details.

4 Provide the following information for all the people who participate in the management of the business

! All individuals who participate in the management and/or control of the business must also complete the *Consent to obtain information – individual* (NAT 7112) form.

Individual

(a) Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Position held

(b) Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Position held

5 Provide details of the people and entities you are associated with

! All individuals who participate in the management and/or control of the business must also complete the *Consent to obtain information – individual* (NAT 7112) form.

Individual

(a) Title: Mr Mrs Miss Ms Other
Family name
First given name Other given names
Relationship to applicant

(b) Title: Mr Mrs Miss Ms Other
Family name
First given name Other given names
Relationship to applicant

Section C: Contact details

6 Who is the authorised contact person if we require more information about this application?

Name
Title: Mr Mrs Miss Ms Other
Family name
First given name Other given names
Position held
Business phone number Mobile number Fax number
Email address

7 Who is the authorised contact person if we require more information about the operation of your business?

(If the contact person is the same as in the previous question, write 'AS ABOVE' in the 'Other' box.)

Name
Title: Mr Mrs Miss Ms Other
Family name
First given name Other given names
Position held
Business phone number Mobile number Fax number
Email address

8 Preferred language other than English (We may not be able to speak to you in your preferred language at all times.)

Section D: Premises details

1 Please attach TWO A4 certified copies of the floor plan of the premises to be licensed (see example of certification under 'Premises details' on page 2 of the instructions).

This floor plan should be the plan relevant to the Customs warehouse licence that you hold or are applying for.

9 Do the premises to be licensed have an ATO Establishment ID?

No

Yes

Provide the ATO Establishment ID

10 What is the establishment name?

11 What is the physical address of the premises to be licensed?

Suburb/town

State/territory

Postcode

12 What is the postal address of the premises to be licensed?

Suburb/town

State/territory

Postcode

13 Please provide the following details for the premises to be licensed

Lot number

Deposited plan number

Certificate of title number

Volume

Parish

County

14 Provide details of the construction (including walls, fences or other enclosures on the outside boundaries) of the premises to be licensed

15 Provide details of physical security of the premises to be licensed

16 Do you possess title over the premises to be licensed?

No

Provide details below.

Yes

Go to question 17.


Provide the name of the owner and the lease details

Name

Lease details

Section E: Product details

17 Who will supply you with the tobacco seed, plant or leaf? Please provide the following details for each supplier.

 If insufficient space please attach separate sheet with all relevant details.

Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Address

Suburb/town

State/territory

Postcode

Quantity per year

18 What are the products (eg tobacco seed, plant or leaf) and the quantities you intend to deal in in one year?

Description of product

Quantity

Description of product	Quantity
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

19 Do you intend to move the tobacco leaf which is under your control to other premises?

No Yes What is the quantity of product you intend to move each month?

Description of product

Quantity

Description of product	Quantity
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

20 To whom do you intend to market the tobacco seed, plant or leaf?

Please provide the following details for each supplier.

 If insufficient space please attach separate sheet with all relevant details.

Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Address

Suburb/town

State/territory

Postcode

Quantity per year

21 Have you obtained commercial insurance, which includes an amount to cover the potential excise payable in the event of theft or loss of products in your possession, custody or control?

No Yes

Section F: Recording systems

22 Do your recording systems provide the following details:

Quantity and type of product(s) you deal in? No Yes

Quantity and type of product(s) dispatched? No Yes

Issue or receipt details for sale or other disposal? No Yes

Quantity of Australian grown tobacco leaf? Bought No Yes Sold No Yes On hand No Yes

Quantity of imported tobacco leaf? Bought No Yes Sold No Yes On hand No Yes

Section G: Declaration

Privacy

We are authorised by the *Excise Act 1901* and the *Taxation Administration Act 1953* to collect the information we request on this application. The information will help us to administer the excise and tax laws. If authorised by law, we may provide information to other Commonwealth and state agencies. If we disclose personal information, the privacy laws limit its use to the purpose we disclosed it for.

Where we are allowed to by law, we may provide limited information to any entity for the purpose of enabling that entity to understand or comply with its obligations under a taxation law, for example whether or not you are licensed and details of the licence and associated movement permissions.

I declare that all the information provided in this application is true and correct and acknowledge that:

- *if a licence is granted following this application, the licence may be suspended or cancelled if any information submitted in support of this application is found to be false or misleading*
- *if a licence is granted following this application, the licence is granted subject to the condition that the licence holder must disclose certain matters as listed in the licence to the ATO within 30 days of the matter occurring, and any other condition as prescribed*
- *the granting of any licence issued under the Excise Act 1901 does not preclude the requirement by me to obtain any necessary licences or approvals or permissions from any other Commonwealth, state or local government authority.*

Name

Position held

Business email address

Signature

Date

Day

Month

Year

 / /

Lodging your application

Send your completed application to us by:

- mail to
Australian Taxation Office
PO Box 3514
ALBURY NSW 2640
- fax to **1300 130 916**.

Keep a copy for your records.