



Application for a licence to store excisable products – tobacco

COMPLETING YOUR APPLICATION

- Read the instructions on how to complete this application.
- You must provide the additional information described in the instructions when you lodge this application.
- Answer all questions.
- Place **X** in all applicable boxes.

⚠ When we say 'you' we mean the person or entity applying to hold the licence.

⚠ If you are applying for a licence for the first time, or for a different licence type, phone us on **1300 137 290** to discuss your circumstances before completing your application.

Section A: Applicant details

1 Who is the applicant?

Name (legal name of the person or business requiring the licence)

Trading name

Australian business number (ABN)

OR

Tax file number (TFN)

⚠ While it is not compulsory to provide your ABN or TFN, it will help us process your application promptly. For more information about providing us with TFNs, see 'Privacy' on page 8.

Business address

Street number and name

Suburb/town/locality

State/territory

Postcode

Postal address for all correspondence in relation to this licence

(if the same as the business address, write AS ABOVE)

Street number and name OR post office box

Suburb/town/locality

State/territory

Postcode

Business phone

Mobile

Fax

Business email address

Do you authorise us to communicate with you or your authorised contact person/s by email on confidential matters relating to this application?

No Yes

2 Is your business a small business entity?

No Yes

3 Describe the type of business that you intend to operate and your proposed commencement date

Section B: People involved in the management of the business

4 Provide the following information for people who participate in the management or control of the business applying for the licence. This could include officers or directors of a company

➤ All individuals in this section must complete the *Declaration of criminal history particulars* (NAT 74815) form. We will advise who needs to complete the *Consent to criminal history record check* (NAT 16358) form.

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

DETAILS ONE

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Position held

DETAILS TWO

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

➤ We will advise who needs to complete the *Declaration of criminal history particulars* (NAT 74815) or *Consent to criminal history record check* (NAT 16358) forms.

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

DETAILS ONE

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Relationship to applicant

DETAILS TWO

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Relationship to applicant

Section C: Authorised contact details

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

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Position held

Business phone

Mobile

Fax

Business 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.)

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Position held

Business phone

Mobile

Fax

Business Email address

Section D: Premises

➤ Attach an A4 size copy of the site plan of the premises.

8 Do the premises have an existing establishment identification number issued by us?

No

Yes Provide the Excise establishment identification number

9 What is the name of your establishment?

10 What is the street address of the premises to be licensed?

Suburb/town/locality

State/territory

Postcode

11 What is the postal address of the premises?

Suburb/town

State/territory

Postcode

12 Provide the following details for the premises to be licensed

Lot number

Deposited plan number

Certificate of title number

Volume

Parish

County

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

14 Provide details of physical security of the premises

15 Do you own the premises?

No Provide details below.

Yes Go to question 16.

Name of the owner of the premises

Contact number

Details of your lease or arrangement

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| |
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| |

Section E: Storage details

16 Do you have a Customs warehouse licence?

No Yes Customs establishment identification number

17 Identify the types of product stored

| Description of product | Quantity |
|------------------------|----------|
| | |
| | |
| | |
| | |
| | |

18 Are you the owner of the product(s) you want to store?

Yes No Provide the name of the owner of the products you are storing, their ABN and the product type being stored.

 If insufficient space attach separate sheet with all relevant details.

Name


Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

ABN

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

Product type

19 Will you be repacking any or all of the product(s) you want to store?

No Yes Provide the package size for each product type.

| Description of product | Quantity |
|------------------------|----------|
| | |
| | |
| | |
| | |
| | |

20 Do you intend to move your product to other licensed premises before the relevant amount of excise duty is paid?

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

| Description of product | Quantity |
|------------------------|----------|
| | |
| | |
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| | |

Section F: Excise liability details

21 How will you assess the excise liability on the goods stored?

Provide details of the weights and scales used, and whether they have been professionally calibrated.

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| |
| |

22 Will you be responsible for settling excise liability for the products stored, upon entry into home consumption?

No Provide details below.

Yes Indicate how you intend to settle your excise liability: Periodic payment Payment prior to clearance

Provide the details of the individual/non-individual responsible

 Where there is more than one individual or business responsible, attach a separate sheet with all relevant details.

(a) INDIVIDUAL

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

Name

Title: Mr Mrs Miss Ms Other

Family name

First given name

Other given names

Business phone

Mobile

Fax

Business email address

(b) ENTITY

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

Legal name

Trading name

Contact person

Business phone number

Mobile number

Fax number

Email address

23 If you indicated periodic payment, what is the PSP period you are applying for?

Weekly Go to question 24.

Monthly Go to question 25.

24 What is the day you wish to lodge your excise returns and pay excise duty?

Sun Mon Tue Wed Thu Fri Sat

25 Do you have commercial insurance which includes an amount to cover any excise payable in the event of theft or loss?

No Yes

Section G: Recording systems

26 Indicate if your recording systems provide the following details:

| | | |
|--|-----------------------------|------------------------------|
| Quantity and type of product received for storage? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Quantity and type of products dispatched? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| If repacking the product, any loss or wastage incurred in the repacking process? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| Issue or receipt details for sale or other disposal? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |

Section H: Declaration

Privacy

We are authorised under the *Taxation Administration Act 1953* to request your tax file number (TFN). We will use your TFN to identify you in our records.

Tax law authorises us to collect information and disclose it to other government agencies. This includes personal information of the person authorised to sign the declaration. For information about your privacy, go to ato.gov.au/privacy

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

- (a) if a licence is granted following this application, the licence may be suspended and/or cancelled if any information submitted in support of this application is found to be false or misleading*
- (b) 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, and*
- (c) the granting of any licence issued under the Excise Act 1901 does not preclude the requirement by me to obtain any necessary licences and/or approvals and/or permissions from any other federal, state or local government authority.*

Name

Position held

Business email address

Sign and date below if you are sending by fax or post or delivering by hand

Date

| | | |
|---|---|---|
| Day | Month | Year |
| <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Lodging your application

Keep a copy of your completed application for your records and lodge the original with all the necessary attachments via:

- the Business Portal
- fax on **1300 130 916**
- one of our shopfronts
- mail to

Australian Taxation Office
PO Box 3514
ALBURY NSW 2640