



Government of South Australia

SA Health

Tobacco Licensing Health Protection & Licensing Services

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TOBACCO AND E-CIGARETTE PRODUCTS ACT 1997

Retail Tobacco and E-Cigarette Merchant's Licence Transfer of Ownership

ALL SECTIONS MUST BE COMPLETED – SEE NOTES OVERLEAF - INCOMPLETE FORMS WILL NOT BE ACCEPTED

Section 1 – New Applicant

Full name of Proprietor (sole trader, partnership or company) Registered Business or Company Name as listed with the Australian Business Register (ABR)

ABN / ACN

Contact Person (Mr/Mrs/Miss/Ms/Dr)

First name/s:

Surname:

Postal Address for service of documents (as listed with ABR)

Street No.& Name:

Contact Details

Suburb:

Phone:

State:

Postcode:

email:

From whom did you purchase this business?

Existing Tobacco and E-Cigarette Licence Number & Transfer date (if known):

Will you sell Tobacco Products?

Yes / No

Will you sell E-Cigarette Products?

Yes / No

Will you sell Shisha Products?

Yes / No

Section 2 – Address at which Tobacco/E-Cigarette Merchandising is conducted (place of business):

Merchandising Trading Name (as displayed on store/premises):

Street No.& Name:

Suburb, State & Postcode:

Section 3 – Number of points of sale:

(i) How many points of sale are there at this outlet? (refer back of page)

(ii) Are any of the points of sale licenced to another entity? Yes No

(iii) If Yes to (ii) above, who is the other licence holder?

Section 4 – Period of Licence: Unless otherwise provided for under the Act (e.g. cancellation or suspension), a Retail Tobacco and E-Cigarette Merchant's Licence will be valid for a period of 12 months.

Section 5 – Declaration (this section MUST be completed in order for your licence to be issued)

I of (residential address):

Print Name in Block Letters

declare that the above details are true and correct. I understand that false or misleading information will result in rejection of this current (and any future) application. Maximum penalty: \$50,000.

Signature of Authorised Person

Date

Contact phone number

