

## **Approved form AF2002-251**

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Approved by the General Manager, Health Protection Service on  
6.12.2002 under the

**Smoke-free Areas (Enclosed Public Places) Act 1994, s23**

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## **Smoke-free Areas (Enclosed Public Places) Act 1994—Form SF1**

(see s 7)

Australian Capital Territory

## **Application for Smoke-free Exemption**

(See attached Application for Smoke-free Exemption)

# Health Protection Service

Howard Florey Centenary House, 25 Mulley Street, Holder ACT 2611  
Locked Bag 5, Weston Creek ACT 2611

Ph: 62051700

Fax: 62051705

ABN 88 407 290 295



## APPLICATION FOR SMOKE-FREE EXEMPTION

Section 7 Smoke-free Areas (Enclosed Public Places Act 1994)

### PART A APPLICANT TO COMPLETE

#### Section 1 Exemption Type (Please tick (✓) one box only)

☐ Restaurant ☐ Licensed Premises

#### Section 2 Occupier's Details

##### 1 Occupier

Title	First Name	Surname
ABN	Company	

**Note:** Occupier means a person or corporation that is responsible for the management, control or is in charge of the business mentioned on this application.

#### Section 3 Business Details

##### 2 Trading Name

Name
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##### 3 Premises Location

Property Name		Shop No
Street No	Street	
Suburb	Postcode	

#### Section 4 Contact Details

##### 4 Contacts

Contact Person for Occupier
Business Manager

##### 5 Business Contact Details

Phone	Mobile	Fax
E-mail		

##### 6 Occupier's Contact Details - Same as Question 5 ☐

Phone	Mobile	Fax
E-mail		

#### Section 5 Postal Details

##### 7 Business Postal Address - Same as Question 3 ☐

Suburb	State	Postcode

##### 8 Postal Address for Exemption Correspondence - Same as Question 3 ☐ or Question 7 ☐

Suburb	State	Postcode

#### Section 6 Liquor Licence (Licensed Premises Exemption Applicants Only)

##### 9 Does the premises hold a liquor licence?

Yes ☐ No ☐

Licence Type

#### Section 7 Declaration

I declare that all the information supplied on **PART A** of this form is true and correct and the necessary records and / or documentation exist to support this application.

Signature of Occupier \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Position \_\_\_\_\_  
Title \_\_\_\_\_

## Section 8 Fees

Please refer to the 'Application for Smoke-free Exemption - Information Sheet' for the appropriate fee

- GST is not applicable under section 81-5 of the *A New Tax System (Goods and Services Tax) Act 1999*.

## Section 9 Payment

Payment Method - Please Tick (✓)

Cash ☐

Cheque ☐

Credit Card ☐

Note: Cheques should be made payable to the Health Protection Service.

Contact Person \_\_\_\_\_

Type of Credit Card - Please Tick (✓)

Visa ☐

Master Card ☐

Bankcard ☐

Credit Card No

<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Expiry Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
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Cardholders' Name \_\_\_\_\_

Fee

\$ <input type="text"/>
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I agree for the Health Protection Service to debit my account for the above fee.

Card Holder's Signature \_\_\_\_\_

Date \_\_\_\_\_

Daytime Phone No \_\_\_\_\_

### How to Pay



By Mail: Health Protection Service, Locked  
Bag 5, Weston Creek ACT 2611.



In Person: Health Protection Service, 25 Mulley  
Street, Holder ACT.

## OFFICE USE ONLY

File No: \_\_\_\_\_

Exemption No \_\_\_\_\_

**PART B MECHANICAL ENGINEER'S CERTIFICATION****Section 1 Exemption Type (Please tick (✓) one box only)**☐ Restaurant ☐ Licensed Premises**Section 2 Premises to Which Application Relates****1 Business Details**

Name	ABN
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**Section 3 System Details**

Nominated Area on Plan (eg. "Area 1" or "bar")	System (eg. "A/C 1")	Area served (m <sup>2</sup> )	Maximum Occupancy	Outdoor air rate required per person (L/s)	Required Outdoor air supply (L/s)	Actual Outdoor air supply (L/s)	Exhaust fans (L/s)	Notes
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**2 Non - Smoking Areas**

<b>Total</b>								

**3 Smoking Areas**

<b>Total</b>								

Provide an attachment for any additional systems

**Total Areas**

(Total public areas covered in this application)

## Section 4 Concessional Rates

- 4 If the mechanical ventilation system uses concessional rates, as permitted by AS 1668.2, please provide a complete description of equipment used:


## Section 5 Maintenance

### 5 Name of company or person performing maintenance

Name	
ABN	Company

### 6 Maintenance - Contact Details

E-mail		
Phone	Fax	Mobile

## Section 6 Building Services Engineer's Details

### 7 Engineer

Name	
ABN	Company

### 8 Engineer's Address

Suburb	State	Postcode

### 9 Engineer's Contact Details

E-mail		
Phone	Fax	Mobile

## Section 7 Declaration

I declare that:

- the details provided on **PART B** of this application form are true and correct to the best of my knowledge; and
- the premises in this application is fitted with equipment capable of maintaining air quality in accordance with Australian Standard 1668.2.

_____ Signature of Building Services Engineer	_____ NPER Registration/MIE (Aust) Number	_____ Date
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### OFFICE USE ONLY

Exemption granted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Officers Signature	_____ Date
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