

Approved form AF2002-239

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

Public Health Act 1997, s137A

Public Health Act 1997—Form DW3

(see s33)

Australian Capital Territory

Drinking Water Utility Activity Licence Renewal Form

(See attached Drinking Water Utility Activity Licence Renewal Form)

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



DRINKING WATER UTILITY ACTIVITY LICENCE RENEWAL FORM

Section 33 *Public Health Act 1997*

Licence No: Fee: File No: Expiry Date:

Please complete this form, sign it and return it with the prescribed fee. GST is not applicable under section 81-5 of the *A New Tax System (Goods and Services Tax) Act 1999 (C'th)*.

Section 1 - Licensee

1 Licensee

Title	First Name	Surname
ABN	Company	

Please Note: To change the licensee details you must either complete a transfer form or submit a new application

Section 3 - Business Details

2 Trading Name

Name

3 Premises Address

Shop No	Property Name	
Street No	Street	
Suburb	State	Postcode

Section 3- Contact Details

4 Contact Details for the Licensee (for administrative purposes)

Contact Person for Licensee
Business - Manager

5 Business Contact Details

Phone	Mobile	Fax
Email		

6 Licensees' Contact Details – Same as Question 5

Phone	Mobile	Fax
Email		

Section 4 – Postal Details

7 Has your Business Postal Address changed? (If Yes, please indicate below)

Yes No

Suburb	State	Postcode

Section 5 - Declaration

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

Signature of Licensee _____ Date _____
Print Name _____ Position _____
Title _____

OFFICE USE ONLY

Licence granted Yes No Conditions Yes No Officer's Signature _____ Date _____

Section 6 - Payment

Payment Method - Please Tick (✓)

Cash

Cheque

Credit Card

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

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"/>	<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

\$ 60,000

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

	Phone: 6205 1700 (Please have your credit card and this notice ready when you call).		Fax: 6205 1705
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Note: You are still required to sign and return this form prior to the issue of your licence.

	By Mail: Health Protection Service, Locked Bag 5, Weston Creek ACT 2611.		In Person: Health Protection Service, 25 Mulley Street, Holder ACT.
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OFFICE USE ONLY

File No: _____

Licence No _____