

Approved form AF2002-247

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 BH4

(see s34)

Australian Capital Territory

Boarding House Activity Licence Variation Form

(See attached Boarding House Activity Licence Variation Form)

Health Protection Service

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BOARDING HOUSE ACTIVITY LICENCE VARIATION FORM

Section 34 *Public Health Act 1997*

Licence No:

File No:

Please complete this form, sign it and return it.

Section 1 Conditions of Variation

- This application must be signed by the current licensee; and
- The original licence must be submitted with this variation application.

If these conditions cannot be met the new applicant must complete a new application form.

Section 2 Type of Variation

Licencee Section 3 Business Details Section 4 Contact Details Section 5
Postal Details Section 6 Boarding House Details Section 7

Section 3 Licensee

You cannot vary the Licensee using this form. Please either complete a Transfer Form or submit a New Application. These forms are available from the Health Protection Service.

Section 4 Business Details

1 Trading Name

Name

2 Premises Address

Shop No	Property Name
Street No	Street
Suburb	Postcode

Section 5 Contact Details

3 Contacts

Contact Person for Licensee
Business - Manager

4 Business Contact Details

Phone	Mobile	Fax
Email <input type="text"/>		

5 Business Contact Details - Same as Question 4

Phone	Mobile	Fax
Email <input type="text"/>		

Section 6 Postal Details

6 Business Postal Address - Same as Question 2

<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode

7 Postal Address for Licensing Correspondence - Same as Question 2 or Question 6

<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode

Section 7 Boarding House Details

8 Are you changing the accommodation type? (If Yes, please tick all appropriate boxes below) Yes No

- Bed and Breakfast Boarding House Caravan Park Guest House
Hostel Hotel Motel Student Accommodation
Other

9 Are you changed the structure or accommodation layout of the premise and not notified the Health Protection Service? (If Yes, please supply floor plans detailing the changes.) Yes No

Section 8 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

Variation approved Yes No Officer's Signature _____ Date _____

Form – BH4