

## **Approved form AF2002-248**

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

**Public Health Act 1997, s137A**

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## **Public Health Act 1997—Form BH3**

(see s33)

Australian Capital Territory

## **Boarding House Activity Licence Renewal Form**

(See attached Boarding House 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



## BOARDING HOUSE 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 2 - Business Details

#### 2 Trading Name

Name
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#### 3 Premises Address

Shop No	Property Name
Street No	Street
Suburb	Postcode

### Section 3 - Contact Details

#### 4 Contacts

Contact Person for Licensee
Business - Manager

#### 5 Business Contact Details

Phone	Mobile	Fax
Email		

#### 6 Business Contact Details - Same as Question 5

Phone	Mobile	Fax
Email		

### Section 4 - Postal Details

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

Suburb	State	Postcode

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

Suburb	State	Postcode

### Section 5 - Boarding House Details

#### 9 Have you changed 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

#### 10 Have you changed the structure or accommodation layout of the business and not notified the Health Protection Service? (If Yes, please contact the Health Protection Service)

Yes  No

## Section 6 - 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

Expiry Date

/

Cardholders' Name \_\_\_\_\_

Fee \$ 100

I agree for the Health Protection Service to debit my above 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.
	Online: <a href="http://www.canberraconnect.act.gov.au">www.canberraconnect.act.gov.au</a>		

**OFFICE USE ONLY**

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

Licence No \_\_\_\_\_

Form - BH3