

Approved form AF2002-250

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 BH1

(see s29)

Australian Capital Territory

Boarding House Activity Licence Application Form

(See attached form entitled Boarding House Activity Licence
Application 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 APPLICATION FORM

Section 29 Public Health Act 1997

Please complete this form, sign it and return it with the prescribed fee.

Section 1 - Applicant's Details

1 Licensee

Title	First Name	Surname
ABN	Company	

Section 2 - Business Details

2 Trading Name

Name

3 Premises Address

Property Name	Shop No
Street No	Street
Suburb	Postcode

Section 3 - Contact Details

4 Contacts

Contact Person for Licensee
Business - Manager

5 Business Contact Details

Phone	Mobile	Fax
E-mail		

6 Licensee Contact Details - Same as Question 5

Phone	Mobile	Fax
E-mail		

Section 4 - Postal Details

7 Business Postal Address - Same as Question 3

Suburb	State	Postcode
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8 Postal Address for Licensing Correspondence - Same as Question 7 or Question 3

Suburb	State	Postcode
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Section 5 - Boarding House Details

9 Accommodation Type (Please tick (✓) all boxes that apply)

Bed and Breakfast <input type="checkbox"/>	Boarding House <input type="checkbox"/>	Caravan Park <input type="checkbox"/>	Guest House <input type="checkbox"/>
Hostel <input type="checkbox"/>	Hotel <input type="checkbox"/>	Motel <input type="checkbox"/>	Student Accommodation <input type="checkbox"/>
Other <input type="checkbox"/>	_____		

10 Have you supplied floor plans to the Health Protection Service for the premise? 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 <input type="checkbox"/> No <input type="checkbox"/>	Conditions	Yes <input type="checkbox"/> No <input type="checkbox"/>	Officer's Signature _____	Date _____
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Section 7 - Fees

Application Fee \$100

- Charities and Benevolent Institutions are fee exempt. Please provide documentary evidence from the Australian Taxation Office.
- GST is not applicable under section 81-5 of the *A New Tax System (Goods and Services Tax) Act 1999 (C'th)*.

Section 8 - 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 \$ 100




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.
	Fax: 6205 1705		

Note: For fax payments you are still required to sign and return this form prior to the issue of your licence.

OFFICE USE ONLY

File No: _____

Licence No _____

Form - BH1