

Approved form AF2002-253

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

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

Smoke-free Areas (Enclosed Public Places) Act 1994—Form SF3

(see s9)

Australian Capital Territory

Smoke-free Annual Fee Reminder Notice

(See attached Smoke-free Annual Fee Reminder Notice)

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



SMOKE-FREE ANNUAL FEE REMINDER NOTICE

Section 9 *Smoke-free (Enclosed Public Places) Act 1994*

Cert. No: **Fee:** **File No:** **Payment Due:**

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 Occupier's Details

1 Occupier

Title	First Name	Surname
ABN	Company	

2 Exemption Details

Exemption Type	Total Floor Area	Expiry Date
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Please Note: The smoke-free Areas Act does not permit changes to the occupier's details. A new application must be submitted

Section 2 Business Details

3 Trading Name

Trading Name

4 Premises Location

Shop No	Property Name
Street No	Street
Suburb	Postcode

Section 3 Contact Details

5 Contacts

Contact Person for Occupier
Business Manager

6 Business Contact Details

Phone	Mobile	Fax
Name	E-mail	

7 Occupier's Contact Details - Same as Question 6 ☐

Phone	Mobile	Fax
Name	E-mail	

Section 4 Particulars of the Business

8 Business Postal Address - Same as Question 4 ☐

Suburb	State	Postcode

9 Postal Address for Exemption Correspondence - Same as Question 4 ☐ or Question 8 ☐

Suburb	State	Postcode

10 Do you wish to cancel the exemption? (If Yes, please contact the Health Protection Service)

Yes ☐ No ☐

11 Since your current exemption was issued has there been a change in the:

A) air-handling system? (If Yes please contact the Health Protection Service)

Yes ☐ No ☐

B) designated smoking/non-smoking areas? (If Yes please contact the Health Protection Service)

Yes ☐ No ☐

Section 5 Declaration

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

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

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"/>
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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"/>

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 continuation of your exemption.

	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: _____

Certificate No _____