

Application for Certificate of Compliance for an Outdoor Smoking Area

Tobacco Control Act

Application for Certificate of Compliance for an Outdoor Smoking Area			
<p>This application form is to be completed by Licensees who wish to obtain a Certificate of Compliance from the Director-General of Licensing for an outdoor smoking area (OSA).</p> <p>It is recommended the applicant has a submission prepared by one of the approved providers listed on the Department of Business website or an otherwise suitably qualified person. To avoid delays in processing your application, please ensure all information is completed, including the cover sheet (see separate document on website) and attach all documents relating to the outdoor smoking area.</p> <p>A prescribed application fee is to be paid at time of lodgement.</p> <p>Please print details in block letters. If there is insufficient space, attach extra sheets. All questions must be answered and full particulars provided. An incomplete application will not be processed.</p> <p>For any enquiries relating to this application please contact Licensing, Regulation and Alcohol Strategy on (08) 8999 1800.</p>			
1. Premises details			
Name of Licensee			
Name of premises			
Premises Address			
Liquor licence number			
2. Nominee details			
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>		
1 st Nominee			
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>		
2 nd Nominee			
Postal Address			
Telephone (home)		Facsimile	
Mobile		Email	

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3. Report Information			
Has your submission been prepared by one of the approved providers? (see the Department of Business website for a full list of providers)			
Yes <input type="checkbox"/>	If yes , please provide the name of the approved provider		
No <input type="checkbox"/>	If no , please ensure that you include the following documentation with this application		
Completed cover sheet			<input type="checkbox"/>
Scaled plan clearly displaying boundary of licenced premises			<input type="checkbox"/>
Scaled plan showing total outdoor eating and drinking areas including clearly marked doors, windows, air-conditioner inlets			<input type="checkbox"/>
Scaled plan showing existing/proposed outdoor smoking area including clearly identified buffer zones			<input type="checkbox"/>
Where a screen is used as a buffer between areas, details including type, size, materials used etc.			<input type="checkbox"/>
If artificial screen is used, documentation (photos are acceptable) confirming that it is impervious to smoke			<input type="checkbox"/>
Smoking management plan (available from Department of Health & Families)			<input type="checkbox"/>
Please note that the Director-General of Licensing may request you to provide additional information, at your expense, for your application if you have not obtained a report/plan from a pre-approved organisation.			
4. Declaration			
I/We, the Nominee/s, wish to apply for a Certificate of Compliance for an outdoor smoking area.			
I/We acknowledge that if a Certificate of Compliance is issued, it relates only to the attached submission. Any changes made to the location, type of buffer/barrier or amenities of the venue will require a new application to be submitted.			
Signature of 1 st Nominee		Date	
Signature of 2 nd Nominee		Date	
5. Privacy Statement			
The Department of Business complies with the Information Privacy Principles scheduled in the <i>Information Act</i> .			

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6. Lodgement options			
Applications must be lodged with the accompanying cover sheet at a Territory Business Centre with the prescribed fee.			
Darwin Ground Floor, Development House 76 The Esplanade Darwin GPO Box 9800 Darwin NT 0801 t (08) 8982 1700 f (08) 8982 1725 Toll free 1800 193 111 e territory.businesscentre@nt.gov.au	Katherine Shop 1, Randazzo Building 18 Katherine Terrace Katherine PO Box 9800 Katherine NT 0851 t (08) 8973 8180 f (08) 8973 8188 e territory.businesscentre@nt.gov.au		
Tennant Creek Shop 2, Barkley House Cnr Davidson and Paterson Street Tennant Creek PO Box 9800 Tennant Creek NT 0861 t (08) 8962 4411 f (08) 8982 1725 e territory.businesscentre@nt.gov.au	Alice Springs Ground Floor, The Green Well Building 50 Bath Street Alice Springs PO Box 9800 Alice Springs NT 0871 t (08) 8951 8524 f (08) 8951 8533 e territory.businesscentre@nt.gov.au		
7. Payment Options			
Contact your local Territory Business Centre for the relevant schedule of fees.			
Cash - Territory Business Centre	<input type="checkbox"/>		
Cheque - payable to RTM (Receiver of Territory monies)	<input type="checkbox"/>		
Credit card <input type="checkbox"/>	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	
Credit card number			
Expiry			
Name on card			
I hereby authorise the Territory Business Centre to debit the above credit card for the amount of			\$
Amount in words			Dollars
Signature of cardholder		Date	
Contact phone number			
8. Application Notes			
Please ensure that this application is accompanied by the following:			
<ul style="list-style-type: none"> • The cover sheet which should be completed by the plan provider. 			