# *Tobacco Control Act*

| **Application for Certificate of Compliance for an Outdoor Smoking Area** | | | | | | | | | | | | | | | |
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| 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).  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 if completed, including the cover sheet (see separate document on website) and attach all documents relating to the outdoor smoking area.  A prescribed application fee is to be paid at time of lodgement.  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.  For any enquiries relating to this application please contact Licensing, Regulation and Alcohol Strategy on (08) 8999 1800. | | | | | | | | | | | | | | | |
| **1. Premises details** | | | | | | | | | | | | | | | |
| Name of Licensee | | |  | | | | | | | | | | | | |
| Name of premises | | |  | | | | | | | | | | | | |
| Premises Address | | |  | | | | | | | | | | | | |
| Liquor licence number | | |  | | | | | | | | | | | | |
| **2. Nominee details** | | | | | | | | | | | | | | | |
| Title | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | |
| 1st Nominee | | |  | | | | | | | | | | | | |
| Title | | | Mr  Mrs  Ms  Miss | | | | | | | | | | | | |
| 2nd Nominee | | |  | | | | | | | | | | | | |
| Postal Address | | |  | | | | | | | | | | | | |
| Telephone (home) | | |  | | | Facsimile | |  | | | | | | | |
| Mobile | | |  | | | Email | |  | | | | | | | |
| **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 | If **yes**, please provide the name of the approved provider | | | |  | | | | | | | | | | |
| No | If **no**, please ensure that you include the following documentation with this application | | | | | | | | | | | | | | |
| Completed cover sheet | | | | | | | | | | | | | | |  |
| Scaled plan clearly displaying boundary of licenced premises | | | | | | | | | | | | | | |  |
| Scaled plan showing total outdoor eating and drinking areas including clearly marked doors, windows, air-conditioner inlets | | | | | | | | | | | | | | |  |
| Scaled plan showing existing/proposed outdoor smoking area including clearly identified buffer zones | | | | | | | | | | | | | | |  |
| Where a screen is used as a buffer between areas, details including type, size, materials used etc. | | | | | | | | | | | | | | |  |
| If artificial screen is used, documentation (photos are acceptable) confirming that it is impervious to smoke | | | | | | | | | | | | | | |  |
| Smoking management plan (available from Department of Health & Families) | | | | | | | | | | | | | | |  |
| **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 1st Nominee | |  | | | | | | | Date | |  | | | | |
| Signature of 2nd Nominee | |  | | | | | | | Date | | |  | | | |
| **5. Privacy Statement** | | | | | | | | | | | | | | | |
| The Department of Business complies with the Information Privacy Principles scheduled in the *Information Act.* | | | | | | | | | | | | | | | |
| **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](mailto: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](mailto: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](mailto: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](mailto:territory.businesscentre@nt.gov.au) | | | | | | | | |
| **7. Payment Options** | | | | | | | | | | | | | | | |
| Contact your local Territory Business Centre for the relevant schedule of fees. | | | | | | | | | | | | | | | |
| Cash - Territory Business Centre | | | | | | | | | | | | | |  | |
| Cheque - payable to RTM (Receiver of Territory monies) | | | | | | | | | | | | | |  | |
| Credit card | | | | Visa  MasterCard | | | | | | | | | | | |
| 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:   * The cover sheet which should be completed by the plan provider. | | | | | | | | | | | | | | | |