

COVER SHEET – APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR AN OUTDOOR SMOKING AREA

This cover sheet is to accompany the Application for Certificate of Compliance for an Outdoor Smoking Area.

APPLICANT TO COMPLETE

Name of Applicant
Name of Licensed Premises
Address of Licensed Premises
Contact Number

SUBMISSION PROVIDER TO COMPLETE

Name of Provider
Contact Number
<p>Qualifications (please tick where appropriate)</p> <p><input type="checkbox"/> Member of Royal Australian Institute of Architects</p> <p><input type="checkbox"/> Current contract panel member with NT Government for the provision of Architectural services</p> <p><input type="checkbox"/> Registered with NT Board of Architects</p> <p><input type="checkbox"/> Other (please provide details)</p> <p>_____</p> <p>_____</p>
<p>This submission includes the following:</p> <p><input type="checkbox"/> Scaled floor plan of licensed premises which shows:</p> <ul style="list-style-type: none"> <input type="checkbox"/> delineation of the premises boundary including the liquor licensed area; <input type="checkbox"/> delineation of all outdoor eating and drinking areas (including size); <input type="checkbox"/> delineation of all outdoor NON smoking areas (including size); <input type="checkbox"/> delineation of all Outdoor Smoking Areas (including size); <input type="checkbox"/> clear identification of all entrance areas as defined in the <i>NT Tobacco Control Act</i> and air-conditioner inlets <p><input type="checkbox"/> Clear identification of all buffer zones and details of any materials used</p> <p><input type="checkbox"/> Identification of any structural changes to the premises</p> <p><input type="checkbox"/> The Outdoor Smoking Area is 50% or less of the total outdoor eating and drinking area</p>

SUBMISSION PROVIDER TO COMPLETE

Declaration by provider

I,

declare that the identified outdoor areas are outdoor areas in accordance with the *NT Tobacco Control Act and Regulations* and, further, that the delineated outdoor smoking areas are outdoor smoking areas in accordance with the *NT Tobacco Control Act and Regulations*.

SIGNED

DATE

OFFICE USE ONLY

LICENSING INSPECTOR TO COMPLETE

Recommendation to Director/Deputy Director of Licensing

This application meets the requirements for a submission under the *NT Tobacco Control Act and Regulations* with regards to an Outdoor Smoking Area and the provider meets the guidelines for an approved provider.

SIGNED

DATE

DIRECTOR/DEPUTY DIRECTOR OF LICENSING TO COMPLETE

I, _____, Director/Deputy Director of Licensing, advise that I am satisfied that the submission lodged by **(name of Provider)** for the licensed premises **(name of venue)**, **(dated)**, addresses the legislative requirements set out in the *Tobacco Control Regulations 15B (2) to (4)* for an Outdoor Smoking Area.

Signed

This day

DARWIN	KATHERINE	ALICE SPRINGS
Level 1, Enterprise House 28-30 Knuckey Street, Darwin GPO Box 1154, Darwin, NT 0801 Ph: 08 8999 1800 Fax: 08 8999 1888	Ground Level 16-18 Randazzo Building Katherine GPO Box 1154, Darwin, NT 0801 Ph: 08 89728906 Fax: 08 8972 8910	Level 1 Belvedere House Cnr Parsons & Bath Sts, Alice Springs GPO Box 8470, Alice Springs NT 0871 Ph: 08 8951 5195 Fax: 08 8951 8591