

## APPLICATION FOR CERTIFICATE OF COMPLIANCE FOR AN OUTDOOR SMOKING AREA - TOBACCO CONTROL ACT

This application form is to be completed by Licensees who wish to obtain a Certificate of Compliance from the Director 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 Justice website ([www.nt.gov.au/justice](http://www.nt.gov.au/justice)) 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.

An application fee of \$50.00 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

### 1. Premises Details

Name of Licensee

Name of Premises

Premises Address

  

Liquor Licence Number

### 2. Nominee Details

Title:  Mr  Mrs  Ms  Miss

Title:  Mr  Mrs  Ms  Miss

1<sup>st</sup> Nominee

  

2<sup>nd</sup> Nominee

  

Postal Address

  
  

Postcode

Telephone (home)

Facsimile

Mobile

Email

### 3. Report Information

Has your submission been prepared by one of the approved providers? (see the Department of Justice website — for a list of providers)

[www.nt.gov.au/justice/licenreg/tobacco](http://www.nt.gov.au/justice/licenreg/tobacco)

<input type="checkbox"/> Yes	If yes, please provide the name of the approved provider
	<input type="text"/>

<input type="checkbox"/> No	If no, please ensure that you include the following documentation with this application
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- Completed cover sheet
- Scaled plan clearly displaying boundary of licensed 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

**Please note that the Director 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<sup>st</sup> Nominee

Date

Signature of 2<sup>nd</sup> Nominee

Date

## 5. Privacy Statement

The Department of Justice complies with the Information Privacy Principles scheduled to the *Information Act*.

## 6. Lodgement Options

Applications to be lodged at a Territory Business Centre with the prescribed fee.

DARWIN	KATHERINE	TENNANT CREEK	ALICE SPRINGS
Ground Floor, Development House 76 The Esplanade	Shop 1, Randazzo Building 18 Katherine Terrace	Shop 2, Barkly House Cnr Davidson and Paterson Streets	Peter Sitzler Building 67 North Stuart Highway
GPO Box 9800 DARWIN NT 0801	PO Box 9800 KATHERINE NT 0851	PO Box 9800 TENNANT CREEK NT 0861	PO Box 9800 ALICE SPRINGS NT 0871
Telephone: 61 8 8982 1700 Facsimile: +61 8 8982 1725 Toll Free: 1800 193 111	Telephone: +61 8 8973 8180 Facsimile: +61 8 8973 8188	Telephone: +61 8 8962 4411 Facsimile: +61 8 8962 4413	Telephone: +61 8 8951 8524 Facsimile: +61 8 8951 8533

## 7. Payment Options

Please refer to the relevant Schedule of Fees.

- Cash – Territory Business Centre
- Cheque – payable to: RTM (Receiver of Territory Money)
- Credit Card
- Visa       MasterCard

Credit Card Number

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Expiry

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Name on card

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I hereby authorise the Territory Business Centre to debit the above credit card for the amount of: \$    .00

Amount in words:  dollars

Signature of Cardholder

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Date

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Contact Phone No.

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## 8. Application Notes

Please ensure that this application is accompanied by the following:

- the cover sheet which should be completed by the plan provider.

Please note that should your venue not be able to complete proposed works prior to 2 January 2011 it is recommended that you obtain an extension of time from the Director of Licensing prior to 1 January 2011.