

## **Approved form AF2002-237**

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Approved by the General Manager of the Health Protection Service  
on 16.12.2002 under the

**Public Health Act 1997, s137A**

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## **Public Health Act 1997—Form DW1**

(see s29)

Australian Capital Territory

## **Drinking Water Utility Activity Licence Application Form**

(See attached form entitled Drinking Water Utility Activity Licence  
Application Form)

# 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



## DRINKING WATER UTILITY ACTIVITY LICENCE APPLICATION FORM

Section 29 Public Health Act 1997

Please complete this form, sign it and return it with the prescribed fee.

### Section 1 - Applicant's Details

#### 1 Licensee (Person or company)

Title	First Name	Surname
ABN	Company	

### Section 2 - Business Details

#### 2 Trading Name

Name
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#### 3 Premises Address

Property Name	Shop No
Street No	Street
Suburb	Postcode

### Section 3 - Contact Details

#### 4 Contacts

Contact Person for Licensee
Business - Manager

#### 5 Business Contact Details

Phone	Mobile	Fax
E-mail		

#### 6 Licensees' Contact Details - Same as Question 5

Phone	Mobile	Fax
E-mail		

### Section 4 - Postal Details

#### 7 Business Postal Address - Same as Question 3

Suburb	State	Postcode
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### Section 5 - Fees

Application Fee \$60,000.

- GST is not applicable under section 81-5 of the *A New Tax System (Goods and Services Tax) Act 1999 (C'th)*.

PLEASE SEE SECTION 7 (PAGE 2) FOR PAYMENT OPTIONS

### Section 6 - Declaration

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

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_ Position \_\_\_\_\_  
Title \_\_\_\_\_

#### OFFICE USE ONLY

Licence granted Yes  No  Conditions Yes  No  Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Section 7 - Payment

Payment Method - Please Tick (✓)

Cash

Cheque

Credit Card

Note: Cheques should be made payable to the Health Protection Service.

Contact Person \_\_\_\_\_

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




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

	By Mail: Health Protection Service, Locked Bag 5, Weston Creek ACT 2611.		In Person: Health Protection Service, 25 Mulley Street, Holder ACT.
	Fax: 6205 1705		

Note: For fax payments you are still required to sign and return this form prior to the issue of your licence.

### OFFICE USE ONLY

File No: \_\_\_\_\_

Licence No \_\_\_\_\_