

## **Approved form AF2002-246**

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Approved by the General Manager of the Health Protection Service  
on 6.12.2002 under the

**Public Health Act 1997, s137A**

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## **Public Health Act 1997—Form BH5**

(see s36)

Australian Capital Territory

## **Boarding House Activity Licence Transfer Form**

(See attached Boarding House Activity Licence Transfer 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



## BOARDING HOUSE ACTIVITY LICENCE TRANSFER FORM

Section 36 Public Health Act 1997

### Section 1 - Conditions of Transfer

- This application must be signed by both the current licensee and the new applicant;
- The original licence must be submitted with this transfer application; and
- This form must be completed and returned with the prescribed fee.

If these conditions cannot be met the new applicant must complete a new application form

### Section 2- Current Licence Details

Licence No:  File No:  Expiry Date:

### Section 3 - Fees

Transfer Fee \$50

- Charities and Benevolent Institutions are fee exempt. Please supply documentary evidence from the Australian Taxation Office.
- GST is not applicable under section 81-5 of the A New Tax System (Goods and Services Tax) Act 1999 (C'th).

### Section 4 - Current Licensees' Details

#### 1 Current Licensee

Title	First Name	Surname
ABN	Company	

#### 2 Current Business Details

Trading Name
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#### 3 Current Contacts

Contact Person for Licensee
Business - Manager

#### 4 Current Business Contact Details

Phone	Fax	Mobile
E-Mail		

### Section 5 - Transfer Details

#### 5 Current Licensee to Complete:

Please transfer this businesses' licence to the new entity below

Signature of Licensee \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

#### 6 New Licensee to Complete: (Note: The New licensee is required to sign the Declaration at Section 8 - Page 2 of this form)

##### A) Business Details

New Trading Name
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##### B) New Licensee

Title	First Name	Surname
ABN	Company	

**Section 6 - New Contact Details****7 Contacts**

Contact Person for Licensee
Business - Manager

**8 Business Contact Details**

Phone	Fax	Mobile
E-Mail		

**9 Licensees' Contact Details - Same as Question 8** 

Phone	Fax	Mobile
E-Mail		

**Section 7 - New Postal Details****10 Business Postal Address**

Suburb	State	Postcode

**11 Postal Address for Licensing Correspondence - Same as Question 10** 

Suburb	State	Postcode

**Section 8 - Declaration (New Applicant to Sign)**

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

Signature of Applicant

Date

Print Name

Position  
Title**OFFICE USE ONLY**
 Transfer Approved Yes  No  Conditions Yes  No  Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_
**PLEASE SEE SECTION 9 - PAGE 3 FOR PAYMENT OPTIONS**

## Section 9 - 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"/>	<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

\$ 50




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 \_\_\_\_\_

Form – BH5