



# DRINKING WATER NEW LICENCE APPLICATION

### PURPOSE

This form is to be used to apply for a licence under the *Public Health Act 1997* (the Act).  
You can access the Act and its regulation at [www.legislation.act.gov.au](http://www.legislation.act.gov.au).

### PRIVACY

The collection of personal information is required by this form for the purposes of issuing a licence under the Act. The Health Protection Service (HPS) prevents any unreasonable intrusion into a person's privacy in accordance with the *Privacy Act 1988* (Commonwealth).

### HEALTH PROTECTION SERVICE CONTACT INFORMATION

Trading Hours: 9.00am – 4.30pm Monday to Friday

<b>Website:</b> <a href="http://www.health.act.gov.au/hps">www.health.act.gov.au/hps</a>	<b>General Enquires:</b> (02) 5124 9700	<b>Email Address:</b> <a href="mailto:hps@act.gov.au">hps@act.gov.au</a>	<b>Fax Number:</b> (02) 5124 5554
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### INSTRUCTIONS FOR COMPLETION & IMPORTANT INFORMATION

*The Licence is issued to the applicant for the business, who is the person(s) who will have the overall responsibility for the business, including responsibility for any contraventions of the Act.*

Accordingly:

- (1) Trusts will not be registered. Companies operating as trustees for a trust will be registered in the Company name only.
- (2) Applications listing a partnership as the applicant will not be accepted. If your business is operated by a partnership, one or more of the individuals in the partnership will need to be listed.
- (3) Parts B and C of this application form must be separately completed for each individual listed as an applicant. Extra copies of Parts B and C are available at [www.health.act.gov.au/hps](http://www.health.act.gov.au/hps) or by contacting the HPS office.

- Complete this form using a black or blue pen only and return with relevant fees (as below):  
**Operation of a Drinking Water Utility providing greater than one (1) gegalitre of drinking water \$80,351 per annum.**  
**Operation of a Drinking Water Utility providing twenty (20) megalitres or less of drinking water \$803 per annum.**
- Plans, specifications, demonstrations of compliance with *Australian Drinking Water Guidelines and Public Health (Drinking Water) Code Of Practice 2001 (No.1)*. – must be submitted with this application or be sent by email.
- Discussion with a HPS Public Health Officer is recommended before submission.

Is the licence to be issued to a Corporation (a Company, Incorporated Association, Government agency)?

- YES Complete PARTS A, C and D** of this application. NB: Trusts or Partnerships will not be registered. Companies operating as trustees for a trust will be registered in the company name only.
- NO Complete PARTS B, C and D** of this application. Separate details must be completed for each individual listed as an applicant.

**Confirmation of identity will need to be produced either:**

1. In person at the Health Protection Service office; or
2. By submitting certified copies via post/email/fax to the HPS.

### TRANSLATING AND INTERPRETING SERVICE

A language assistance service is available by phoning the Translating and Interpreting Service (TIS) on 13 14 50.

### COMPLETED FORMS TO BE RETURNED

<b>In Person:</b> Health Protection Service Howard Florey Centenary House 25 Mulley Street HOLDER ACT 2611	<b>By Post:</b> Health Protection Service Locked Bag 5005 WESTON CREEK ACT 2611	<b>By Fax:</b> (02)5124 5554	<b>By Email:</b> <a href="mailto:hps@act.gov.au">hps@act.gov.au</a>
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**CHECKLIST****If applying as an INDIVIDUAL**

<input type="checkbox"/>	Part B completed and signed: Ownership details for an individual (one copy for each owner)
<input type="checkbox"/>	Part C complete: Proof of identification (one copy for each owner)
<input type="checkbox"/>	One form of current photographic identification (for each signatory) presented in person at the Health Protection Service <b>OR</b> One form of current photographic identification (for each signatory) sighted and certified by an authorised witness for each signatory.
<input type="checkbox"/>	Part D completed: Particulars of business
<input type="checkbox"/>	Declaration signed (page 6)
<input type="checkbox"/>	Attached plans, specifications, demonstrations of compliance with <i>Australian Drinking Water Guidelines and Public Health (Drinking Water) Code Of Practice 2001 (No.1)</i>
<input type="checkbox"/>	Attached payment (page 7)

**If applying as a CORPORATION**

<input type="checkbox"/>	Attached current company extract issued by the Australian Securities and Investment Commission (ASIC)
<input type="checkbox"/>	Part A completed and signed: Ownership details of a company
<input type="checkbox"/>	Part C complete: Proof of identification (for company agent)
<input type="checkbox"/>	One form of current photographic identification presented in person at the Health Protection Service <b>OR</b> One form of current photographic identification sighted and certified by an authorised witness for each signatory.
<input type="checkbox"/>	Part D completed: Particulars of business
<input type="checkbox"/>	Declaration signed (page 6)
<input type="checkbox"/>	Attached plans, specifications, demonstrations of compliance with <i>Australian Drinking Water Guidelines and Public Health (Drinking Water) Code Of Practice 2001 (No.1)</i>
<input type="checkbox"/>	Organisation particulars ( <u>Part C</u> )
<input type="checkbox"/>	Attached payment (page 7)

**PART A – APPLICATION DETAILS OF A COMPANY (Do NOT complete if you are applying as an individual)**

**COMPANY NAME – A copy of the company's current extract from the Australian Securities and Investment Commission (ASIC) must be attached**

**AUSTRALIAN COMPANY NUMBER (A.C.N.) - Leave blank if an Incorporated Association, Government agency or a Registered Charitable Organisation**

**REGISTERED COMPANY ADDRESS (Property Name, Unit, Flat Number, Street Number, Street Name)**

**CITY / SUBURB / TOWN**

**STATE / TERRITORY**

**POSTCODE**

**POSTAL ADDRESS (If different to above company address)**

**CITY / SUBURB / TOWN**

**STATE / TERRITORY**

**POSTCODE**

**HOME TELEPHONE NUMBER**

**MOBILE NUMBER**

( )

**WORK TELEPHONE NUMBER**

**EMAIL ADDRESS**

( )

**COMPANY DECLARATION**

I, \_\_\_\_\_, confirm that the information supplied on this page is true and accurate and understand that the provision of false or misleading information is an offence.

Signature of authorised agent: \_\_\_\_\_

Position Title: \_\_\_\_\_

Date: / /

**PART B – APPLICANT DETAILS FOR AN INDIVIDUAL (Do NOT complete if you are applying as a company)**

TITLE (Mr, Ms)	GIVEN NAMES	FAMILY NAME
<b>PROPRIETOR RESIDENTIAL ADDRESS</b> (Property Name, Unit, Flat Number, Street Number, Street Name)		
CITY / SUBURB / TOWN	STATE / TERRITORY	POSTCODE
<b>POSTAL ADDRESS</b> (If different to above address)		
CITY/ SUBURB/ TOWN	STATE / TERRITORY	POSTCODE
HOME TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER	
( )		
WORK TELEPHONE NUMBER	EMAIL ADDRESS	
( )		
AUSTRALIAN BUSINESS NUMBER (A.B.N.) (If applicable)		

DECLARATION SIGNATURE
<p>I, _____, confirm that the information supplied on this page is true and accurate and understand that the provision of false or misleading information is an offence.</p> <p>Signature: _____</p> <p>Date: / /</p> <p><b>Note for Multiple Owners:</b> (for example partnerships) Copies of Part B are available at <a href="http://www.health.act.gov.au/hps">www.health.act.gov.au/hps</a> or by contacting the HPS.</p>

**PART C – PROOF OF IDENTIFICATION (Must be completed for company (by the registered agent) and individual applicants)**

One form of current photographic identification sighted and certified by an authorised witness must be provided for each signatory in Parts A or B.

A list of authorised witnesses for true and correct copy can be found at:

<http://www.ag.gov.au/Publications/Pages/Statutorydeclarationsignatorylist.aspx>

The witness should include the following text on a certified copy:

**EXAMPLE**

**CERTIFIED TRUE COPY OF THE ORIGINAL**

*I certify that this is a true and accurate copy of the original document sighted by me.*

*Full Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Dated: \_\_\_\_\_ Authority to sign: \_\_\_\_\_ Phone: \_\_\_\_\_*

**ACCEPTABLE FORMS OF PHOTOGRAPHIC IDENTIFICATION – Examples below**

Driver's licence  
Proof of age or identity card issued by a State/Territory  
Passport

**FORMS OF IDENTIFICATION PROVIDED**

Type	Number	Expiry Date	Certified Copy Attached
			<input type="checkbox"/>
			<input type="checkbox"/>

**Note for Multiple Owners:** (for example partnerships) Copies of Part C are available at [www.health.act.gov.au/hps](http://www.health.act.gov.au/hps) or by contacting the HPS.

**PART D - PARTICULARS OF BUSINESS (Must be completed)**

TRADING NAME (If applicable)

**PHYSICAL ADDRESS OF BUSINESS**

PROPERTY NAME:

STREET ADDRESS:

SUBURB:

STATE:

POSTCODE:

**BUSINESS CONTACT PERSON**

GIVEN NAME:

FAMILY NAME:

BUSINESS PHONE:

MOBILE PHONE:

AFTER HOURS PHONE:

FAX:

EMAIL ADDRESS:

**BUSINESS CORRESPONDENCE POSTAL ADDRESS**

STREET NUMBER/PO BOX:

STREET NAME:

SUBURB:

STATE:

POSTCODE:

**DECLARATION**

I declare that I am authorised to supply all the information above; that all the information supplied on this form is true and correct; and that there are necessary records and/or documentation to support this licence application.

I understand that failure to submit all required information and documentation may delay my application and that the provision of false or misleading information may be a criminal offence.

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CREDIT CARD DECLARATION - IF PAYING BY CREDIT CARD**

I agree to the credit card (details provided page 9) being debited the required fee and credit card details destroyed immediately once the transaction is processed.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## PAYMENT

### How to Pay



Fax: 02 5124 5554  
MasterCard / Visa accepted  
**(Not accepted where plans are involved)**



By Mail: Health Protection Service  
Locked Bag 5005 Weston Creek ACT 2611.



In Person: Health Protection Service  
25 Mulley Street Holder ACT 2611

#### Please Note:

1. All paperwork must be completed and signed.
2. Where plans are involved, the originals must be received prior to the granting of your licence/registration certificate.
3. Applications sent by fax should **NOT** also be mailed.

### Payment Method

Please Tick (✓)

Cash     Cheque     Credit Card

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

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

Type of Credit Card - Please Tick (✓)     Visa     Master Card

Credit Card No

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Expiry Date

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- Operation of a Drinking Water Utility providing greater than one (1) gegalitre of drinking water \$80,351 per annum.  
 Operation of a Drinking Water Utility providing twenty (20) megalitres or less of drinking water \$803 per annum.

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

I agree that the Health Protection Service debit my account the above fee.

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Daytime Phone No: \_\_\_\_\_