



**NOTIFICATION OF A DESIGNATED  
OUTDOOR SMOKING AREA**  
*Smoke-Free Public Places Act 2003*

**IMPORTANT**

This form is to be used to notify of a designated outdoor smoking area under the *Smoke-Free Public Places Act 2003* (the Act). You can access the legislation and its regulation at [www.legislation.act.gov.au](http://www.legislation.act.gov.au). You may also obtain further information about the Act at [www.act.gov.au/accessCBR](http://www.act.gov.au/accessCBR)

**PRIVACY**

The Act authorises the Commissioner for Fair Trading (the Commissioner) to collect the personal information required by this form for the purposes of notification of a designated outdoor smoking area. The Commissioner prevents any unreasonable intrusion into a person's privacy in accordance with the *Information Privacy Act 2014*. The Commissioner provides identifiable information to law enforcement organisations and authorised organisations that have legal authority to request information under prescribed circumstances.

**LODGEMENT AND CONTACT INFORMATION**

**Email:**

[liquor@act.gov.au](mailto:liquor@act.gov.au)

**Post:**

Access Canberra  
Business and Industry Licensing  
GPO Box 158  
Canberra, ACT 2601

**In Person:**

Please visit  
[www.act.gov.au/accessCBR](http://www.act.gov.au/accessCBR)  
Or call **132281** to find an  
Access Canberra Shopfront.

SECTION A:	Premises / Business Name:
Business Address:	
Business Telephone:	
Licensee:	
Postal Address:	
Liquor Licence Number and Type:	

**SECTION B:****Designated Outdoor Smoking Areas (DOSAs)****Off-gaming Areas**

Off-gaming areas are exempt from the maximum 50 percent of all licensed outdoor areas DOSA calculation. Off-gaming areas must be adjacent to, and only accessible from, a gaming area. It should be noted that TABs are not gaming areas under the legislation.

- Is an off-gaming area/s being utilised as a DOSA? Yes / No (please indicate answer)

**Other Licensed Outdoor Areas**

More than one DOSA may be designated provided the total DOSA area does not exceed 50 percent of the premises' licensed outdoor area (not including any off-gaming areas).

If more than one (1) DOSA, indicate no.:		Percentage of all outdoor liquor licensed area:	
Hours DOSA is open: (e.g. 5pm-11pm)			
Location/s:			
Type of Buffer/s: (e.g. 4m corridor, wall)			
Date of DOSA designation:			

**SECTION C:****Other Documents**

A premises' Licensed Premises Plan must be attached to this document. The attached Licensed Premises Plan must identify:

- any DOSAs
- any buffer/s for the DOSAs; and
- the location/s of the notice (section 9F(2), the Act) stating the conditions of the DOSA.

- Please tick the box to indicate that your Licensed Premises Plan is attached as required: ☐

**SECTION D:****Declaration**

I, \_\_\_\_\_, liquor licensee of  
(full name)

\_\_\_\_\_ declare that the information  
(name of liquor licensed premises)  
provided in this notification is true and correct.

**SIGNATURE****NOTIFICATION DATE**

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