



Application for Registration of Health Premises

Public Health and Wellbeing Act 2008

Council use only

Application date:

Ledger number:

Application number:

Date of registration:

Strathbogie Shire Council

61 03 57950000 <http://www.strathbogie.vic.gov.au>

Questions marked with an asterisk (*) are mandatory and must be completed

Council specific information

Please use this form to apply to Shire of Strathbogie to register a health premises.

Applicant details

Proprietor

Is this proprietor a contact for this application? Yes No

Title * Surname * Given Name(s) *

ABN ACN

Business Name Company Name

Address

Street address / Postal address *

Suburb / Town * State * Postcode *

Please provide at least one phone number and include the area code *

Business phone Home phone Business fax Mobile

Email

Contact details

Contact for this application

Title * Surname * Given Name(s) *

Address

Street address / Postal address *

Suburb / Town * State * Postcode *

Please provide at least one phone number and include the area code *

Business phone Home phone Business fax Mobile

Email

Health premises details

Please choose the business activity that your business conducts * *Please select all those that apply*

- Beauty therapy Hairdressing Colonic irrigation
 Skin penetration Tattooing Other

Other *

Is the business a mobile health premises? * Yes No

Note: Mobile personal care and body art businesses that conduct skin penetration are not permitted.

If you are a mobile hairdresser or a mobile beauty therapist, please register your primary place of business

Description how the premises will be / is used for * e.g. body piercing and facials

Premises details

Address

Street address / Postal address *

Suburb / Town *

State *

Postcode *

Primary Language Spoken at Premises * *(to assist with communication in the future)*

Payment details

For relevant fees and charges please contact Council on 1800 065 993.

How to pay:



By cash, cheque or credit card - If you know the fee to be paid, include payment when delivering the form. If you do not know the fee to be paid, Council will contact you after receiving the application and advise you of the fee and how to pay it.

Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application forms a legal document and penalties exist for providing false or misleading information
- I am over 18 years at the time of completing this application

By ticking this checkbox I confirm that I have read and understood all the statements above *

Name of person completing this application *

Signature of person completing this application

Date *

Privacy statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to <http://www.business.vic.gov.au/BUSVIC/STANDARD/PRIVACY.html>

Lodgement

If you intend to post this form please use the details provided below:

Strathbogie Shire Council

Address: PO Box 177 Euroa 3666

Telephone: 61 03 57950000

Fax: 61 03 5795 3550

Email: info@strathbogie.vic.gov.au

Website: <http://www.strathbogie.vic.gov.au>