**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](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 \*

VIC

Postcode \*

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

Business phone Home phone Business fax

Mobile

**Health premises details**

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

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

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

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

Email

|  |  |  |  |
| --- | --- | --- | --- |
| Beauty therapy Skin penetration  Other \* | Hairdressing Tattooing |  | Colonic irrigation Other |
|  |  |  |  |
| Is the business a mobile health premises? \* | Yes | No |  |

**Premises details**

**Address**

Street address / Postal address \*

Suburb / Town \*

State \*

VIC

Postcode \*

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

**Payment details**

**Health Premises registration fees 2018/2019**

Beauty Parlors, skin penetration or similar - $165

Allied Health and Alternative Therapy including Massage Therapy and Acupuncture, etc. - $165

New Business Establishment Fee – 50% of scheduled fee

**How to pay:**

By cash, cheque or credit card. – The Fee must be paid upon the lodgment of the application.

**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>

**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 \*

**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](mailto:info@strathbogie.vic.gov.au) Website: [http://www.strathbogie.vic.gov.au](http://www.strathbogie.vic.gov.au/)