

Application to Register/ Renew a Health Premises

Public Health and Wellbeing Act 2008



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

Council specific information

Please use this form to apply to Moira Shire Council to register a health premises. Please note this registration is not official until Council has approved the application.

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

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

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*

Premises details

Address

Street address *

Suburb / Town *

State *

Postcode *

Health premises details

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

- | | |
|--|---|
| <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Application of cosmetics that does not involve skin penetration or tattooing |
| <input type="checkbox"/> Manicures, pedicures, other nail treatments | <input type="checkbox"/> Facial or body treatments |
| <input type="checkbox"/> Foot Spa Treatments | <input type="checkbox"/> Body piercing or other skin penetration procedures |
| <input type="checkbox"/> Hair removal by electrolysis or wax | <input type="checkbox"/> Ear piercing |
| <input type="checkbox"/> Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing) | <input type="checkbox"/> Colonic irrigation |

Other (specify):

Is the business a mobile health premises? * Yes No

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

Supporting documents



Additional information as requested by Council only (1) copy.

If providing attachment electronically, please supply as .doc

If you have discussed this application with Council prior to delivering the application to Council, Council may request additional information based upon the nature of the application.

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 [Council Privacy Statement](#) on the website.

Lodgement

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

Moira Shire Council

Po Box 578, Cobram 3643

Email: info@moira.vic.gov.au

Telephone: 03 5871 9222

Fax: 03 5872 1567

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