

# APPLICATION



## Application to Register a Health Premises

### Public Health and Wellbeing Act 2008

Council specific information:

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

| Applicant Details                                   |        |        |          | Debtor Number: |
|---|--------|--------|----------|----------------|
| *Is this proprietor a contact for this application? |        |        |          |                |
| Surname   |        |        |          |                |
| Given Names   |        |        |          |                |
| Postal Address                                      |        |        | Postcode |                |
| Address   |        |        | Postcode |                |
| Telephone No  | (Home) | (Work) | (Mobile) |                |
| Email   |        |        |          |                |
| ABN   |        |        |          |                |

| Contact Details               |        |        |          |  |
|-------------------------------|--------|--------|----------|--|
| *Contact for this application |        |        |          |  |
| Surname                       |        |        |          |  |
| Given Names                   |        |        |          |  |
| Postal Address                |        |        | Postcode |  |
| Address                       |        |        | Postcode |  |
| Telephone No                  | (Home) | (Work) | (Mobile) |  |
| Email                         |        |        |          |  |

| Premises Details |  |  |
|------------------|--|--|
| Trading Name     |  |  |
| 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"/> Manicures, pedicures, other nail treatments | <input type="checkbox"/> Foot spa treatments                                |  |
| <input type="checkbox"/> Hair removal by electrolysis or wax   | <input type="checkbox"/> Facial or body treatments                   | <input type="checkbox"/> Ear piercing                                       |  |
| <input type="checkbox"/> Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing) | <input type="checkbox"/> Colonic irrigation                          | <input type="checkbox"/> Body piercing or other skin penetration procedures |  |
| Other (specify)  |  |   |  |

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| <b>Supporting Documents</b>  |
| 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. |

|   |                        |
|---|------------------------|
| <b>Fees</b>   |                        |
| Health Registration New – Beauty Premises/Skin Penetration Fee: \$214.80                      | Office Use Only - 4455 |
| Health Registration New – Hairdressing/Temporary Make Up Only Fee: \$210.00 (one off payment) | Office Use Only - 4455 |

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| <b>Declaration</b>   |
| <p>I understand and acknowledge that:</p> <ul style="list-style-type: none"> <li>- The information provided in this application is true and complete to the best of my knowledge</li> <li>- This application is a legal document and penalties exist for providing false or misleading information</li> <li>- I am over 18 years at the time of completing this application</li> </ul> <p><input type="checkbox"/> By ticking this checkbox, I confirm that I have read and understood all the statements above*</p> |
| Name of person completing this application*  |
| Signature of person completing this application*   |
| Date*  |

|  |
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| <b>Collection Statement</b>  |
| <p>Your application and the personal information on this form is being collected by Moira Shire Council for the purposes of administrating your application to Register a Health Premises.</p> <p>The information collected is required under the Public Health and Wellbeing Act 2008 and will be used for the purpose it was collected and/or a directly related purpose. If you do not provide the information in your application it may result in the application not being accepted, lapsing or being refused. Information collected may be disclosed if required by legislation.</p> <p>You must not submit any personal information or copyright material of third parties without their informed consent. By submitting the material, you agree that the use of the material as detailed above does not breach any third party's right to privacy and copyright.</p> <p>You can find out more about how we use and protect your information by viewing our Privacy Statement on our website <a href="http://www.moira.vic.gov.au">www.moira.vic.gov.au</a>. If you require access to the information you have provided, please contact Council.</p> |

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|---|
| <b>Lodgement</b>  |
| If you intend to post this form, please use the details provided below:   |
| • By email: <a href="mailto:info@moira.vic.gov.au">info@moira.vic.gov.au</a>  |
| • By post: PO Box, 578, Cobram VIC 3644   |
| • In Person:  |
| Cobram Service Centre - 44 Station Street Cobram      Yarrowonga Service Centre - 100 Belmore Street Yarrowonga<br>Monday to Friday 9am - 4:30pm      Monday to Friday 9am - 4:30pm (closed 12-1pm daily) |