

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			
☐ Hairdressing	☐ Manicures, pedicures, other nail treatments	☐ Foot spa treatments	
☐ Hair removal by electrolysis or wax	☐ Facial or body treatments	☐ Ear piercing	
☐ Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing)	☐ Colonic irrigation	☐ Body piercing or other skin penetration procedures	
Other (specify)			

Supporting Documents	
Additional information as requested by Council only (1) copy. Please submit a Floor Plan of your premises with the Application.	
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.	

Registration and Renewal Fees
Once your application has been received, we will contact you with fee amount and how to pay your registration fee. This fee must be paid prior to your inspection. You are required to renew your registration annually by 30th of November. For more information about the appropriate fees, please visit our website or contact the Environmental Health Department on 03 5871 9222.

Declaration						
I understand and acknowledge that: - The information provided in this application is true and complete to the best of my knowledge - This application is 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*						
<table border="1"> <tr> <td>Name of person completing this application*</td> <td></td> </tr> <tr> <td>Signature of person completing this application*</td> <td></td> </tr> <tr> <td>Date*</td> <td></td> </tr> </table>	Name of person completing this application*		Signature of person completing this application*		Date*	
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Date*						

Collection Statement
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. 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. 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. You can find out more about how we use and protect your information by viewing our Privacy Statement on our website www.moirav.vic.gov.au. If you require access to the information you have provided, please contact Council.

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

Moira Shire Council

ABN: 20 538 141 700

Post: PO Box 578, Cobram, Vic 3643

DX: 37801, Cobram

Cobram Administration Centre:

44 Station Street, Cobram

Yarrawonga Service Centre:

100 Belmore Street, Yarrawonga

Phone: 03 5871 9222

Fax: 03 5872 1567

NRS: 133 677

Email: info@moira.vic.gov.au

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