

ALL SECTIONS MUST BE COMPLETED

Proprietor Details

Applicant Name: _____

If the proprietor is a company or association, specify name of person completing the application

Authority (eg Director): _____

Business Name _____

Company Name _____

Postal Address _____

Business Phone _____ Mobile _____

E-mail _____

Premises Details

Trading name of premises: _____

Street Address: _____

Suburb/Town: _____ Postcode: _____

Contact Person at Premises: _____

Business Phone _____ Mobile _____

E-mail _____

Health Premises Details

Low risk activities/services please select all that apply

Type of personal care/body art procedures to be carried out by business:

- Hairdressing
- Application of cosmetics that does not involve skin penetration or tattooing

NOTE: If your application is for low risk activities only, the registration will be ongoing and annual renewal will not be required. .

Higher risk activities/services please select all that apply
Type of personal care/body art procedures to be carried out by business:

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

Other (please specify) _____

Proposed opening date: _____

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.

If activities change it is the owner/proprietor responsibility to notify Council's Environmental Health Unit

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name.

Payment of the relevant fee is required prior to the premises being registered.

Signature

Signature

Print Name

Print Name

Date

Date

Privacy Statement

The Glenelg Shire Council is committed to protecting individual's right to privacy and the responsible and fair handling of personal and health information, consistent with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*. Accordingly, Council will adhere to the Information Privacy and Health Privacy Principles when undertaking its statutory functions and activities, so that the privacy of individuals can be protected. The Council's Privacy Policy is available from our website www.glenelg.vic.gov.au/privacy and all Council Customer Service Centres. For further information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website https://www.glenelg.vic.gov.au/Page/Page.aspx?Page_Id=5133