



# Application for Registration of Health Premises

Public Health and Wellbeing Act 2008

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

Proprietor details			
Title *	Surname *	Given name(s) *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ABN	ACN		
<input type="text"/>	<input type="text"/>		
Street address / Postal address *			
<input type="text"/>			
Suburb / Town *	State *	Postcode *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please provide at least one phone number and include the area code *			
Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

Premises Details			
Trading name of premises *			
<input type="text"/>			
<b>Premises address</b>			
Street address *			
<input type="text"/>			
Suburb / Town *	State *	Postcode *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Contact person at premises (if not the proprietor)</b>			
Title	Surname	Given name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please provide at least one phone number and include the area code			
Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

### Health Premises Details

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

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

(Higher risk activities/services)

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

Other (please specify)\*

**NOTE that if your application is for low risk activities only (see above) the registration will be ongoing and annual renewal will not be required.**

### 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 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.

Signature

Signature

Print Name

Print Name

Date

Date

**Proposed opening date:**

### Payment details

Fees applicable for 2017-2018  
Health Premises Renewal of Registration fee= \$100.00  
Health Premises On-going Registration fee = \$100.00

**Return with payment to:**

Environmental Health  
Glenelg Shire Council  
PO Box 152  
PORTLAND VIC 3305

☎ (03) 5522 2229  
☎ (03) 5522 2290  
✉ [akennett@glenelg.vic.gov.au](mailto:akennett@glenelg.vic.gov.au)