Application for Registration of a Health Premises

Public Health and Wellbeing Act 2008

There are some hard words in this form. The hard words are in blue. You can read what the words mean on page 2.

Proprietor Details

Name:		
Postal address:		Postcode
Phone number: Home:	Work:	Mobile:
Email address:		Fax:
Type of proprietor: ☐ Company ☐ Person ☐ Partnership		
If the proprietor is a company, provide the name and position of authority of the person signing this document:		
If proprietor is a partnership you will need to provide details for each partner. Please complete on a separate sheet of paper and attach to this application.		
Are you a community group? ☐ Yes ☐ No		

Business Details

Trading name:	
Business address:	Postcode
ACN or ABN:	

What types of personal care or body art procedures will be performed at the business? (Tick all that apply)

Low risk activities/services

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

High 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)_____

_____

Privacy Statement
The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property.
When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act* 2014. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail feedback@egipps.vic.gov.au

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Contact person at business, if not the proprietor:_____	
Business phone numbers: Business:	Mobile:
Email:	Fax:

Declaration

I understand that the information in this form must be true and forms a legal document.
If I give false information penalties may apply.

Signature:	
Name:	Date:_____/_____/_____

Hard Words

Proprietor: The owner of a property

Authority: The right to act in a specified way.

Community Group: A not for profit organisation or a person undertaking a business activity solely for the purpose of raising funds for a charitable purpose or for a not for profit organisation.

ACN: Australian Company Number

ABN: Australian Business Number

Penetration: A movement into or through the skin.

Electrolysis: The process of using a very small electric current to remove hair and stop it growing back.

Contact Council

03 5153 9500

feedback@egipps.vic.gov.au

eastgippsland.vic.gov.au

PO Box 1618, Bairnsdale 3875

Customer Service Centres:

- **Bairnsdale:** 273 Main Street
- **Lakes Entrance:** 18 Mechanics Street
- **Mallacoota:** 70 Maurice Avenue
- **Omeo:** 179 Day Avenue
- **Orbost:** 1 Ruskin Street
- **Paynesville:** 55 Esplanade