

Registration of a Health Premises

Public Health and Wellbeing Act 2008



Proprietor details:

First name:	Surname:
Postal address:	
	Postcode:
Contact number:	
Email address:	
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) _____

Collection notice:

East Gippsland Shire Council collects information provided by you in this form to assess your registration of health premises under the Public Health and Wellbeing Act 2008. East Gippsland Shire Council will only disclose your personal contact information to a third-party where required to do so by law. Information shared in this situation will be in accordance with the requirements of the Privacy and Data Protection Act 2014. If incorrect information or details are provided Council will be unable to assist you with this request. For more information on Council's Privacy Policy, please visit Council's [Privacy Statement](#) on our website or email feedback@egipps.vic.gov.au if you have any questions. SEP 26

Contact person at business, if not the proprietor:
Contact number:
Email address:

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: ____/____/____

Office Use Only:	
CS Stamp:	IM Stamp:

Contact Council

-  **Phone:** 03 5153 9500
-  **Email:** feedback@egipps.vic.gov.au
-  **Website:** eastgippsland.vic.gov.au
-  **Mail:** PO Box 1618, Bairnsdale VIC 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

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