



Public Health and Wellbeing Act 2008 Application to Register

Proprietor details

Proprietor 1

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Director of company)

Authority	Business name (and company if applicable)
<input type="text"/>	<input type="text"/>

e.g. Director of company

Proprietor 2

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Director of company)

Authority	Business name (and company if applicable)
<input type="text"/>	<input type="text"/>

e.g. Director of company

Street address / Postal address

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

Contact person at premises (if not the proprietor)

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<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



Public Health and Wellbeing Act 2008

Application to Register

Premises details

Trading Name

Premises address

Street address / Postal address

Suburb / Town

State

Postcode

Please provide at least one phone number and include the area code

Business phone

Home phone

Business fax

Mobile

Email

Business Type:

Please select the type of business that you are operating and provide the required additional details:

Personal Care/Body Art

Activities undertaken:

- | | |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Hairdressing (L) | <input type="checkbox"/> Application of cosmetics that does not involve skin penetration or tattooing (L) |
| <input type="checkbox"/> Manicures, pedicures, other nail treatments | <input type="checkbox"/> Facial or body treatments |
| <input type="checkbox"/> Foot spa treatments | <input type="checkbox"/> Body piercing or other skin penetration procedures |
| <input type="checkbox"/> Hair removal by electrolysis or wax | <input type="checkbox"/> Ear piercing |
| <input type="checkbox"/> Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing. | <input type="checkbox"/> Colonic irrigation |
| <input type="checkbox"/> Other: (specify) _____ | |

Trading Hours

Monday	<input type="text"/>	Tuesday	<input type="text"/>	Wednesday	<input type="text"/>
Thursday	<input type="text"/>	Friday	<input type="text"/>	Saturday	<input type="text"/>
Sunday	<input type="text"/>	Other	<input type="text"/>		

Prescribed accommodation

Activities undertaken:

- | | |
|----------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Residential accommodation | <input type="checkbox"/> Hotel or motel |
| <input type="checkbox"/> Hostel | <input type="checkbox"/> Student dormitories |
| <input type="checkbox"/> Holiday camp | <input type="checkbox"/> Rooming house |

Further details:

Number of rooms: _____ Number of beds _____

Water Supply: Treated town supply Tank Water (roof collection)
 Other (specify) _____



Public Health and Wellbeing Act 2008 Application to Register

I / We the undersigned, hereby apply to register the above premises for the 12 month period ending 30 September _____ under the provisions of the *Public Health and Wellbeing Act 2008*.

Important note: Personal care premises undertaking only low risk activities (L) are provided with an ongoing registration. We will contact you every few years to ensure that your details on our register remain current. Should you sell the premises or move you will need to contact us.

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

Applicant signature

Print applicant name

Date

Applicant signature

Print applicant name

Date

Office Use

Receipt Number:

Date:

Loddon Shire Council
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Web: www.loddon.vic.gov.au

Privacy statement

Personal information collected by Council is held securely and used solely for municipal purposes as specified in the *Local Government Act 1989*. Council may disclose this information to other organisations if required or permitted by legislation. Should you wish to access or modify this information, please contact Council on (03) 5494 1200 or email loddon@loddon.vic.gov.au