**Application to Register a**

Council Use Only

Lodgement Date:

Receipt Number:

Lodgement Officer:

**Health Premises**

**Wyndham City Council**

PO Box 197

WERRIBEE VIC 3030

Ph: 03 9742 0777

[Wyndham City Council Website](http://www.wyndham.vic.gov.au/)

Public Health & Wellbeing Act 2008

HLHB

**PROCESSING TIME: 10 WORKING DAYS**

Please use this form to notify Wyndham City Council of your intent to register a Health Premises. Please note the registration is not official until Wyndham City Council has approved the application.

COUNCIL SPECIFIC INFORMATION

**Prior to lodging this application you must consult with our Town Planning and Building Departments.**

BUILDING AND PLANNING REQUIREMENTS

Have you contacted Council’s building department about this application: YES NO

Have you contacted Council’s planning department about this application: YES NO

**IMPORTANT: YOU MUST OBTAIN WRITTEN CONSENT FROM OUR TOWN PLANNING DEPARTMENT BEFORE COMPLETING THIS FORM**

Have you obtained written consent from Council’s planning department? YES NO

Type of consent provided by Town Planning

Letter (please attach a copy)

Consent entered on council system

Applicant Signature:

**To contact Building/Planning department please contact Wyndham City on 03 9742 0777**

APPLICANT DETAILS

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

Title\* Mr Mrs Ms Other (please specify)

Surname\* Given Name(s)\*

Company Name (if applicable)

*Company name should end with Pty Ltd*

*eg: Hair & Makeup Pty Ltd*

ABN\* ACN (if applicable)

Street Address/Postal Address\* Suburb/Town\* State\* Postcode\*

***Please provide at least on phone number and include area code\****

Business Phone After Hours Phone Business Fax Mobile

Email address

Are you the proprietor/business owner? YES NO

If you are not the proprietor/business owner you are required to fill out the next section

PROPRIETOR/BUSINESS OWNER DETAILS

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

Title\* Mr Mrs Ms Other (please specify)

Surname\* Given Name(s)\*

***\*If the proprietor/business owner is a company or association, specify name of person completing the application and authority (eg. Director of Company)***

Authority eg: Director of company

Company Name (if applicable)

*Company name should end with Pty Ltd*

*eg: Hair & Makeup Pty Ltd*

ABN\* ACN (if applicable)

Street Address/Postal Address \*Suburb/Town\* State\* Postcode\*

***Please provide at least on phone number and include area code\****

Business Phone After Hours Phone Business Fax Mobile

Email address

Primary Language spoken at the premises\* *(to assist with communication in the future)*

SECONDARY CONTACT DETAILS

Please provide council with a secondary contact person who council can contact if business owner cannot be contacted

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

Title\* Mr Mrs Ms Other (please specify)

Surname\* Given Name(s)\*

Street Address/Postal Address\* Suburb/Town\* State\* Postcode\*

***Please provide at least on phone number and include area code\****

Business Phone After Hours Phone Business Fax Mobile

Email address

Business Trading Name

PREMISES DETAILS

**PREMISES ADDRESS**

Street Address/Postal Address\* Suburb/Town\* State\* Postcode\*

***Please provide at least on phone number and include area code\****

Business Phone After Hours Phone Business Fax Mobile

Email address

**BUSINESS TYPE**

Please select one of the following:

Home Business Commercial Business Mobile Business

**Mobile Hairdressers**

*Please contact Council for details about registering a mobile hairdresser business*

*\*****Please note: Mobile beauty therapy and mobile skin penetration businesses are not permitted***

BUSINESS ACTIVITY

**Please select the business activity that your business conducts\* (Please select all those that apply)**

Hairdressing

Beauty Therapy *(please specify type of beauty therapy)*

Waxing/Threading

Nail Treatments

Ear Piercing (gun only)

Make Up

Spray Tanning

Laser Treatment

Eye lash extensions

Other (please specify)

Skin Penetration *(please specify type of beauty therapy)*

Tattooing

Cosmetic Tattooing

Body Piercing

Electrolysis

Other (please specify)

**Please Note**: If you are **ONLY** conducting hairdressing or make up activities, you must complete the ***Application to Register a Low Risk******Health Premises Ongoing/One-off Registration form****.*

FEES

**FOR INITIAL FEES CONTACT COUNCIL ON 03 9742 0738**

Fee: Date Paid: Receipt No:

**How to pay:**

By cash, cheque or credit card – if you know the fee to be paid, include payment when delivering the form by post, fax

or in person. If you do not know the fee to be paid, Council will contact you after receiving the application and advise you of the fee and how to pay it.

***Please note:*** *Once your premises is operating, you will be required to renew your registration on a yearly basis.*

ACKNOWLEDGEMENT

**I understand and acknowledge that:**

* The information provided in this application is true and complete to the best of my knowledge
* This application is a legal document and penalties exist for providing false or misleading information

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.

Applicant Signature Applicant Signature

Print Applicant Name Print Applicant Name

Date Date

**If you intend to post or fax this form please use the details provided below:**

LODGEMENT

**Wyndham City Council** Ph:03 9742 0777

PO Box 197 Fax: 03 9742 6355

WERRIBEE VIC 3030 Email:[mail@wyndham.vic.gov.au](mailto:mail@wyndham.vic.gov.au)

Website:[Wyndham City Council Website](http://www.wyndham.vic.gov.au/)

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PRIVACY

Privacy Collection Statement

Your personal information is being collected by Council for Environmental Health Department purposes. Your information will be stored in Council’s Customer Database and used to identify you when communicating with Council and for Council to deliver services and information to you. For further information on how your personal information is handled, visit [Council’s Privacy Policy](https://www.wyndham.vic.gov.au/about-council/your-council/administration/privacy-policy-website-privacy-disclaimer).