

Wyndham City Council PO Box 197 WERRIBEE VIC 3030 Ph: 03 9742 0777 Wyndham City Council Website

# Application to Register a Health Premises

Public Health & Wellbeing Act 2008

Council Use Only

Lodgement Date:

Receipt Number:

Lodgement Officer:

HLHB\_\_\_\_\_

## **PROCESSING TIME: 10 WORKING DAYS**

COUNCIL SPECIFIC INFORMATION

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.

## **BUILDING AND PLANNING REQUIREMENTS**

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

Have you contacted Council's building department about this application: YES	NO
Have you contacted Council's planning department about this application:	NO
IMPORTANT: YOU MUST OBTAIN WRITTEN CONSENT FROM OUR TOWN PLANNING DE COMPLETING THIS FORM	PARTMENT BEFORE
Have you obtained written consent from Council's planning department?	ΝΟ
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       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         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 Phone       Business Fax         Mobile			
Email address			
Primary Language spoken at the premises* (to assist with communication in the future)			

SECON	DARY CONTACT DETAILS		
Please provide council with a secondary contact persor	n who council can contact if busine	ess owner cannot be	e contacted
Fields marked with an asterisk (*) are mandatory and n	must be completed		
Title*	pecify)		
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			
P	PREMISES DETAILS		
Business Trading Name			
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 Commer	rcial Business 🛛 M	obile 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**

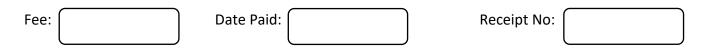
## Please select the business activity that your business conducts\* (Please select all those that apply)

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	lairdressing (low risk)				
E	eauty Therapy (please specify type of beauty therapy)				
	Waxing/Threading (medium risk)				
	Nail Treatments (medium risk)				
	Ear Piercing (gun only) (medium risk)				
	Make Up (low risk)				
	Spray Tanning (low risk)				
	Laser Treatment (medium risk)				
	Eye lash extensions (medium risk)				
	Other (please specify)				
Skin Penetration (please specify type of beauty therapy)					
	Tattooing (high risk)				
	Cosmetic Tattooing (high risk)				
	Body Piercing (high risk)				
	Electrolysis (high risk)				
	Other (please specify)				
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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.

## FOR INITIAL FEES CONTACT COUNCIL ON 03 9742 0738



### 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

#### LODGEMENT

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

Wyndham City Council	Ph: 03 9742 0777	
PO Box 197	Fax: 03 9742 6355	
WERRIBEE VIC 3030	Email: <u>mail@wyndham.vic.gov.au</u>	
	Website: Wyndham City Council Website	

#### PRIVACY

Your personal information is being collected by Wyndham City Council under the laws administrated by Local Government. Your information will be stored in Council's Customer Database and used to deliver Council services to you in accordance with Council's Privacy Policy. For further information on how your personal information is handled, visit Council's Privacy Policy at <a href="http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy\_policy">http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy\_policy</a>