



**Wyndham City Council**  
 PO Box 197  
 WERRIBEE VIC 3030  
 Ph: 03 9742 0777  
[Wyndham City Council Website](http://www.wyndham.vic.gov.au)

## Submitting Plans for Health Premises

Public Health and Wellbeing Act 2008

HLHB\_\_\_\_\_

**PROCESSING TIME: 10 WORKING DAYS**

Council Use Only	
Lodgement Date:	<input type="text"/>
Receipt Number:	<input type="text"/>
Lodgement Officer:	<input type="text"/>

### COUNCIL SPECIFIC INFORMATION

Please use this form to apply to Wyndham City for approval of plans (renovations, redevelopments etc) for your health related premises. Please note you do not have approval to proceed with the construction until Council has approved the plans.

### 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:  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**

### PRIVACY

**Privacy Collection Statement:** Your personal information is being collected by Council for Environmental Health purposes. Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for the delivery of services and information. For further information on how your personal information is handled, visit Council's Privacy Policy at <https://www.wyndham.vic.gov.au/privacy-policy>.

## 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

## 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  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 (Low Risk)
- Beauty 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)

## WHAT KIND OF PLANS

Please indicate the kind of works you plan to undertake

- Constructing new premises
- Altering existing premises
- Fitting out existing premises

Proposed Opening Date:

Proposed Operating Hours:

**Health Premises Floor Plans**

Plan drawn to a scale of not less than 1 to 100 which:

- The whole premises including cleaning areas.
- Specific work processes to be carried out in each room.
- The location and type of all fixtures, equipment, furniture, shelving, benches etc.
- The location of equipment and hand washing sinks.
- Information regarding finishes of floors, walls, ceilings, partitions, benches, shelving, fittings, cupboards, all fixtures and equipment.

**FEES****Plan Assessment Fees**

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.

**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

Print Applicant Name

Date

Applicant Signature

Print Applicant Name

Date

**Please note:** The form is not an application for registration of premises under the Public Health and Wellbeing Act 2008.

LODGEMENT

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

**Wyndham City Council**  
PO Box 197  
WERRIBEE VIC 3030

Ph: 03 9742 0777  
Email: [mail@wyndham.vic.gov.au](mailto:mail@wyndham.vic.gov.au)  
Website: [Wyndham City Council Website](#)