wyndhamcity city. coast. country Wyndham City Council PO Box 197 WERDINGS 197	Application to Register a Health Premises Public Health & Wellbeing Act 2008	Council Use Only Lodgement Date: Receipt Number: Lodgement Officer:		
WERRIBEE VIC 3030 Ph: 03 9742 0777 Wyndham City Council Website	HLHB PROCESSING TIME: 10 WORKING DAYS			
	COUNCIL SPECIFIC INFORMATION			
Please use this form to notify Wyndha official until Wyndham City Council ha	am City Council of your intent to register a Health Premise as approved the application.	es. Please note the registration is not		
	BUILDING AND PLANNING REQUIREMENTS			
Prior to lodging this application you must consult with our Town Planning and Building Departments.				
Have you contacted Council's b	uilding department about this application:	YES NO		
Have you contacted Council's planning department about this application:				
IMPORTANT: YOU MUST OBTAIN WRITTEN CONSENT FROM OUR TOWN PLANNING DEPARTMENT BEFORE COMPLETING THIS FORM				
Have you obtained written con	sent from Council's planning department?	YES NO		
Type of consent provided by To	wn Planning			
Letter (please attach a				
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				
Are you the proprietor/business owner? YES NO				
PROPRIETOR/BUSINESS OWNER DETAILS				
Fields marked with an asterisk (*) are mandatory and must be completed Title* Mr Mr Mrs 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				
Email address				
Primary Language spoken at the premises* (to assist with communication in the future)				

SECONDAR	ARY CONTACT DETAILS	
Please provide council with a secondary contact person w	who council can contact if business owner cannot be contact	ted
Fields marked with an asterisk (*) are mandatory and mu	ust be completed	
Title*	ecify)	
Surname*	Given Name(s)*	
Street Address/Postal Address*	Suburb/Town* State* Postc	ode*
Please provide at least on phone number and include area code*		
Business Phone After Hours Phone	Business Fax Mobile	
Email address		
PRE	EMISES DETAILS	
Business Trading Name		
PREMISES ADDRESS		
Street Address/Postal Address*	Suburb/Town* State* Postc	ode*
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 Commercia	ial 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

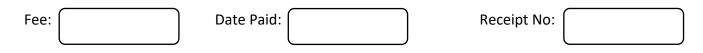
BUSINESS ACTIVITY

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

Hairdressing (low risk)				
В	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)			
s	kin 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 http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy_policy

FEES