



Wyndham City Council

PO Box 197

WERRIBEE VIC 3030

Ph: 03 9742 0777

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

Application to Register a Low Risk Health Premises Ongoing/One-off Registration

Public Health & Wellbeing Act 2008

Council Use Only

Lodgement Date:

Receipt Number:

Lodgement Officer:

HLHB _____

PROCESS 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: 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

BUSINESS ACTIVITY

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

- Hairdressing
- Other Low Risk Beauty Therapy Treatments (please specify)
- Make Up
- Spray Tanning
- Eyelash/Eyebrow Tinting
- Other (please specify)

FEES

Fee:

Date Paid:

Receipt No:

How to pay:

By cash, cheque or credit card – include payment when delivering the form by post, fax or in person.

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 you are providing any other services to hairdressing or makeup, or intend to in future, you will no longer be categorised as a low risk premises and will not be eligible for a one-off registration. You **must** contact this office to notify of any changes.

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

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

Fax: 03 9742 6355

Email: mail@wyndham.vic.gov.au

Website: [Wyndham City Council Website](#)