



**Application for Registration of
Health Premises (Hair, beauty, skin penetration)
Public Health and Wellbeing Act 2008**

Mount Alexander Shire Council
Tel: 61 03 4571 1700

Council Use Only	
Application Number :-	<input type="text"/>
Application Date:-	<input type="text"/>
Ledger Number:-	2125000.5201

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

Applicant Details

Proprietor Is this proprietor a contract for this application? Yes/No <i>(If there is more than one proprietor of the business, complete details for each below)</i>	<input type="checkbox"/>	If 'no' please complete the Contact section below
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Title*	Surname*	Given Names *
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

Address
 PO Box GPO Box Private Bag Locked Bag RRN RSD

Street Address/ Postal Address*

Suburb / Town*	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code *

Business Phone ()	After hours phone ()	Business Fax ()	Mobile ()
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Email

Proprietor 2 (if applicable)

Title*	Surname*	Given Names *
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

Address
 PO Box GPO Box Private Bag Locked Bag RRN RSD

Street Address/ Postal Address*

Suburb / Town*	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code *

Business Phone

After hours phone

Business Fax

Mobile

Email

Proprietor 3 (if applicable)

Title*

Surname*

Given Names *

ABN

ACN

Business Name

Company Name

Address

PO Box GPO Box Private Bag Locked Bag RRN RSD

Street Address/ Postal Address*

Suburb / Town*

State *

Postcode *

Please provide at least one phone number and include the area code *

Business Phone

After hours phone

Business Fax

Mobile

Email

Contact details

Contact for this application

Title*

Surname*

Given Name(s) *

ABN

ACN

Business Name

Company Name

Address

PO Box GPO Box Private Bag Locked Bag RRN RSD

Street Address *

Suburb / Town

State

Postcode

Business Phone

After hours phone

Business Fax

Mobile

Email

Health Premises Details*

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

Beauty therapy

Hairdressing

Colonic irrigation

Skin penetration

Tattooing

Other (please specify below)

Is the business a Mobile Health Premises? *

Note: Mobile personal care and body art businesses that conduct skin penetration are not permitted.

If you are a mobile hairdresser or a mobile beauty therapist, please register your primary place of business

Description how the premises will be / is used for * e.g. body piercing and facials

Premises details

Address

Street Address / Postal Address *

Suburb / Town *

State *

Postcode *

Primary Language Spoken at Premises (to assist with communication in the future)

Payment Details

Please contact council for appropriate fee.

Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application forms a legal document and penalties exist for providing false or misleading information
- I am over 18 years at the time of completing this application

By marking this checkbox I confirm that I have read and understood all the statements above *

Name of person completing this application *

Date *

Signature of person completing this application *

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to

http://www.mountalexander.vic.gov.au/Page/Page.asp?Page_Id=126&h=1

Lodgement

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

Mount Alexander Shire Council
PO Box 185
CASTLEMAINE VIC 3450

Telephone: 03 5471 1700
Fax: 03 5471 1749
Email: info@mountalexander.vic.gov.au
Website: www.mountalexander.vic.gov.au