



Application for Registration of Health Premises
Public Health and Wellbeing Act 2008

Moyne Shire Council
Tel: 03 5568 0555
www.moyne.vic.gov.au

Council Use Only	
Application Date :-	<input type="text"/>
Document ID:-	<input type="text"/>
Application Number:-	<input type="text"/>
Date of registration:	<input type="text"/>

Applicant Details

Proprietor

(If there is more than one proprietor of the business, complete details for each below)

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

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
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>
Email <input type="text"/>			

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

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
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>
Email <input type="text"/>			

Contact details

Contact (if applicable)

Title	Surname	Given Name(s)
<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

Street Address

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

Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Health Premises Details

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

(Low risk activities/services)

- Hairdressing Application of cosmetics that does not involve skin penetration or tattooing

(Higher risk activities/services)

- Manicures, pedicures, other nail treatments Facial or body treatments
 Foot spa treatments Body piercing or other skin penetration procedures
 Hair removal by electrolysis or wax. Ear piercing
 Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing) Colonic irrigation
 Other (please specify below)

Is the business a Mobile Health Premises? Yes No

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 Moyne Shire Council's Environmental Health Officer on 03 5568 0555 to confirm appropriate fee and arrange payment.

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 personal information on this form is required by Council for Application for Registration of a Health Premises under the Public Health and Wellbeing Act 2008. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend your personal information at any time.

Lodgement

Lodge the completed and signed form and all documents with:

Moyne Shire Council
PO Box 51
PORT FAIRY VIC 3284

Telephone: 03 5568 0555

Fax: 03 5568 2515

Email: moyne@moyne.vic.gov.au

Website: www.moyne.vic.gov.au