



Application to Register a Health Premises

Public Health and Wellbeing Act 2008

Corangamite Shire Council

(03) 5593 7100 www.corangamite.vic.gov.au

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

Proprietor details

Title * Surname * Given name(s) *

If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Directory of company)

Authority Company name (if applicable)

e.g. Director of company

ABN ACN

Street address / Postal address *

Suburb / Town * State * Postcode *

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

Business phone Home phone Business fax Mobile

Email

Premises Details

Trading name of premises *

Premises address

Street address *

Suburb / Town * State * Postcode *

Contact person at premises (if not the proprietor)

Title Surname Given name(s)

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

Business phone Home phone Business fax Mobile

Email

Health Premises Details

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

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Beauty Therapy | <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Colonic Irrigation |
| <input type="checkbox"/> Skin penetration | <input type="checkbox"/> Tattooing | <input type="checkbox"/> Other |

Other *

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

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

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.

Signature

Signature

Print Name

Print Name

Date

Date

Payment details

Please contact Council to confirm the Registration Fee

Return with payment to:

Environmental Health
Corangamite Shire Council
PO Box 84
CAMPERDOWN VIC 3260

☎ (03) 5593 7170
☎ (03) 5593 2695
✉ shire@corangamite.vic.gov.au