

Application for Registration of a Personal Care/Body Art Premises

Public Health and Wellbeing Act 2008

Proprietor (Applicant) Details			
Type of proprietor:	Company <input type="checkbox"/>	Person <input type="checkbox"/>	Partnership <input type="checkbox"/>
Name of company:	<input type="text"/>	ACN/ABN	<input type="text"/>
If proprietor is a company, provide the name and position of authority of the person signing this document			
Name:	<input type="text"/>	Authority e.g. Director	<input type="text"/>
Name of person (if not a company)			
Title	Family Name	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Proprietor postal address: <small>(includes company address if applicant is a company)</small>			
<input type="text"/>			
Contact numbers (ensure that at least one contact phone number is provided and include the area code):			
Bus	<input type="text"/>	A/H	<input type="text"/>
Fax	<input type="text"/>	Mob	<input type="text"/>
E-mail	<input type="text"/>		
If proprietor is a partnership the above detail needs to be provided for each partner.			
Are you a community group? Yes <input type="checkbox"/> No <input type="checkbox"/>		<small>A community group is a "not for profit" organisation or a person/s undertaking a business activity solely for the purpose of raising funds for a charitable purposes or for a "not for profit" organisation.</small>	

Premises Details			
Premises street address and suburb: <input type="text"/>			
Trading name of premises: <input type="text"/>			
Type of personal care/body art procedures to be carried out by business (select all that apply):			
(Low risk activities/services)			
<input type="checkbox"/> Hairdressing	<input type="checkbox"/> Application of cosmetics that does not involve skin penetration or tattooing		
(Higher risk activities/services)			
<input type="checkbox"/> Manicures, pedicures, other nail treatments	<input type="checkbox"/> Facial or body treatments		
<input type="checkbox"/> Foot spa treatments	<input type="checkbox"/> Body piercing or other skin penetration procedures		
<input type="checkbox"/> Hair removal by electrolysis or wax.	<input type="checkbox"/> Ear piercing		
<input type="checkbox"/> Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing)	<input type="checkbox"/> Colonic irrigation		
<input type="checkbox"/> Other (specify):	<input type="text"/>		
Contact person at premises (if not the proprietor):			
Title	Family Name	Given names	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact numbers at premises (ensure that at least one contact phone number is provided and include the area code):			
Bus	<input type="text"/>	Fax	<input type="text"/>
Mob	<input type="text"/>		
E-mail	<input type="text"/>		

Ongoing Registration (Low Risk Health Premises Only)

NOTE: If you have identified as a 'Low Risk' premise and would like to apply for an 'ongoing registration' (no expiry date) please tick the box accordingly and contact Council to alter your annual renewal invoice to a 'once off' fee.

I would like to apply for Ongoing Registration : Yes: No:

Declaration

I understand and acknowledge that the information provided in this application is true and complete to the best of my knowledge and that this application forms a legal document and penalties exist for providing false or misleading information.

Authorised person (on behalf of company)/
Proprietor (primary contact) signature

Date

Submission of application and registration fees

Please contact Council for Registration Fee Details

Privacy Statement

Council is collecting the information on this form for the purpose of administration and enforcement of the *Public Health and Wellbeing Act 2008*. The information will be used solely by Council for the primary purpose or directly related purposes. As required under the *Public Health and Wellbeing Act 2008* this information will be kept in a database. You may access this information by contacting ...