



APPLICATION FOR REGISTRATION OF HEALTH PREMISES

Public Health and Wellbeing Act 2008

Office Use Only
Records Department

File No: LA/07/03

Document No:

Council specific information

Please use this form to apply to Buloke Shire Council to register a health premises.
Please note this registration is not official until Council has approved the application.

APPLICANT DETAILS

Proprietor

Is this proprietor a contact for this application? Yes No

Title Surname Given Name(s)

Business Name Company Name

Address

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

CONTACT DETAILS

Contact for this application

Title Surname Given Name(s)

Address

Street address / Postal address Suburb / Town Postcode

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*

- Beauty therapy
- Skin penetration
- Hairdressing
- Tattooing
- Colonic irrigation
- 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.

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

PREMISES DETAILS

Address:

Street Address / Postal Address:

Suburb / Town:

Postcode:

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

SUPPORTING DOCUMENTS

If providing attachment electronically, please supply as: doc

If you have discussed this application with Council prior to delivering the application to Council, Council may request additional information based upon the nature of the application.

FEES

Contact Council to confirm the fees

How to pay:

By Cash or Cheque - At any of Buloke Shire Council's Offices

By Cheque - Via post to Buloke Shire Council, PO Box 1 WYCHEPROOF 3527

ACKNOWLEDGEMENT

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 ticking this checkbox i confirm that I have read and understood all of the statements above

Full name of person completing this application:

Signature of person completing this application:

Date:


PRIVACY


We respect your privacy. We will not sell or give away your personal information, unless required by law. Occasionally we may use your details for our own research purposes or to let you know about other council information. If you want to see your personal data, modify your details, or if you receive information from us you do not want in future please call (03) 5478 0100.

LODGEMENT

Note: You are required to sign this form.

Print form - lodge your application (including form, any required supporting information and necessary payment)

 **Mail:** Buloke Shire Council
PO Box 1,
Wycheproof Vic 3527

 **In Person:**
Wycheproof - 367 Broadway, Wycheproof

Telephone: (03) 5478 0100
Fax: (03) 5493 7395
Email: buloke@buloke.vic.gov.au
www.buloke.vic.gov.au