

# Application to Register a Low Risk Health Premises (Hairdressing and/or Make-up)

Warrnambool City Council

(03) 5559 4800

[www.warrnambool.vic.gov.au](http://www.warrnambool.vic.gov.au)

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

## Council specific information

Council is collecting the information on this form so that it may consider your application in accordance with the Public Health & Wellbeing Act 2008.

The information is only used by Council for this purpose and will not be disclosed unless required under law.

## Proprietor Details

**Proprietor** (If the proprietor is a partnership rather than sole ownership, both names should be listed. If the proprietor is a company or an organisation, the company name should be listed).

Is this business to be registered as a company or an individual(s)  Company  Individual (s)

Title \* Surname \* Given Name(s)\*

Proprietor 2 (if applicable)

Title \* Surname \* Given Name(s)\*

Company Name (if applicable)

Company ABN Company ACN

## 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

## Premises Details

Trading name of premises \*

## Premises Address

Street address / postal address \*

Suburb / Town \* State \* Postcode \*

**Contact Person at Premises** (if different from proprietor)

Title \* Surname \* Given Name(s)\*

Continued overleaf...

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*

Make-up Application       Hairdressing

Other

Other \*

Is the business a mobile health premises? \*     Yes     No

Description how the premises will be / is used for \*

A copy of the floor plan is: \*     Attached herewith     Previously lodged with Council

### 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 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

**\$210.00** – One Off Fee

### Lodgement

Return with Payment to:

Environmental Health

Warrnambool City Council

PO Box 198

Warrnambool VIC 3280

Telephone (03) 5559 4800

Fax (03) 5559 4900

Website: [Warrnambool.vic.gov.au](http://Warrnambool.vic.gov.au)

**Office Use Only**

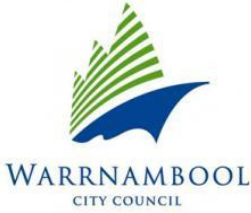
Receipt Date:

Receipt #

Amount:

CSO Initials:

Account Number: 230 000-1342 - 41506



# Warrnambool City Council Name & Address Register (NAR)

Request for the Creation of a New Record

Council is collecting the information on this form so that it may consider your application. The information is only used by Council for this purpose and will not be disclosed unless required by law.

## HEALTH UNIT

**Please complete all the following details:**

**Trading Name of Business**

.....

**Business details:**

Telephone: (Business).....(fax).....(mobile).....

Email address.....

Postal Service Address.....

Town.....State.....Postcode.....

Business Address (if different to service).....

Town.....State.....Postcode.....

**If applicable:**

ABN.....

ACN.....

Print Name.....Date.....

Signature of applicant.....Date.....

**OFFICE USE ONLY**

Print Name of Officer Submitting: ..... Date .....

NARO: Print name.....Date.....

**PLEASE SEND NEW DEBTOR NUMBER TO HEALTH UNIT**

Civic Centre 25 Liebig Street  
Website [www.warrnambool.vic.gov.au](http://www.warrnambool.vic.gov.au)  
Warrnambool Victoria Australia  
PO Box 198 Warrnambool VIC 3280

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