

# Application to Register a Health Premises

Public Health and Wellbeing Act 2008

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.

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

## PROPRIETOR\*

Name\*: \_\_\_\_\_

Company name (if applicable) \_\_\_\_\_

ABN\* \_\_\_\_\_ ACN: \_\_\_\_\_

Postal address\*: \_\_\_\_\_

Suburb / Town \* \_\_\_\_\_ State \* \_\_\_\_\_ Postcode \* \_\_\_\_\_

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

Business phone\* \_\_\_\_\_ Home phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email \* \_\_\_\_\_

Contact person at premises (if different from proprietor) \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_ Email \_\_\_\_\_

### Note:

Trusts are not able to be registered. A trustee (individual or company) can be nominated who will be legally responsible for the registration.

## PREMISES DETAILS

Trading name of premises \* \_\_\_\_\_

Street address \_\_\_\_\_

Suburb / Town \* \_\_\_\_\_ State \* \_\_\_\_\_ Postcode \* \_\_\_\_\_

## HEALTH PREMISES DETAILS

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

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Body piercing   | <input type="checkbox"/> Colonic irrigation | <input type="checkbox"/> Cosmetic tattooing |
| <input type="checkbox"/> Dermabrasion    | <input type="checkbox"/> Dry needling       | <input type="checkbox"/> Electrolysis       |
| <input type="checkbox"/> Eyebrow tinting | <input type="checkbox"/> Eyelash tinting    | <input type="checkbox"/> Eyelash extensions |
| <input type="checkbox"/> Hairdressing    | <input type="checkbox"/> Laser treatment    | <input type="checkbox"/> Make up            |
| <input type="checkbox"/> Manicure        | <input type="checkbox"/> Pedicure           | <input type="checkbox"/> Spray tanning      |
| <input type="checkbox"/> Tattooing       | <input type="checkbox"/> Threading          | <input type="checkbox"/> Waxing             |
| <input type="checkbox"/> Mobile:         | <input type="checkbox"/> Other: _____       |   |

Note: Mobile personal care and body art business 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.

Please note that it is not a statutory requirement under the Public Health & Wellbeing Act 2008 to submit floor plans as part of your application. Floor plans should be as detailed as possible showing the location of equipment and a schedule of finishes.

Is the floor plan attached to this application?  Yes  No

**Council requires at least 10 working days prior to opening date to process applications.**

Proposed opening date\*: \_\_\_\_\_

## PAYMENT DETAILS

Please refer to the Environmental Health Department fees and charges table for:

- **New Health Premises - pre-registration fee + annual registration fee**
- **Hairdressing Premises - Once-off registration fee**
- **Transfer business - 50% of annual registration fee**

Payment will be required after your application has been processed and the correct health premises classification has been determined.

**Please Note:** A 'Health Premises Application' form and payment of fees must be submitted to Council prior to the completion of any pre-registration inspections.

A health business must not operate prior to receiving approval (ie. Certificate of Registration) from Council. Operating an unregistered health premises carries a maximum penalty of 60 Individual penalty units or Company 300 penalty units.

It is an offence to operate a health business without registration in accordance with the *Public Health & Wellbeing Act 2008*.

## LODGEMENT

**Environmental Health Warrnambool City Council PO Box 198 Warrnambool VIC 3280**

**Telephone** (03) 5559 4800

**Email:** [contact@warrnambool.vic.gov.au](mailto:contact@warrnambool.vic.gov.au)

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

## 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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_

## TRANSFER OF HEALTH PREMISES REGISTRATION

**If you have purchased an existing health business, please complete this section.**

Will the business continue to operate as is? \_\_\_\_\_

Are any structural changes proposed? \_\_\_\_\_

## PRE REGISTRATION INSPECTION

Whilst the existing registration is in effect, consent must be given by the existing proprietors before the disclosure or publication of documents can be given. Information cannot be released without the consent of the current proprietor in accordance with the *Public Health & Wellbeing Act 2008*

Failure to obtain consent will delay the pre-registration inspection to be completed until after settlement has occurred.

## CURRENT OWNERS CONSENT & DETAILS

First Name & Surname \_\_\_\_\_

Company Name: \_\_\_\_\_

Business Trading Name: \_\_\_\_\_

Trading Address: \_\_\_\_\_

Current Registration Number \_\_\_\_\_

Contact Number \_\_\_\_\_ E-mail: \_\_\_\_\_

I/We HEREBY CONSENT to the disclosure to the above application of all information or publication of documents relating to the premises which may be revealed or obtained as a result of the inspection, whether the information was obtained by me or otherwise.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_