



Application for Registration of
Health Premises
Public Health and Wellbeing Act 2008

West Wimmera Shire Council
Tel: 03 5585 9900
www.westwimmera.vic.gov.au

Council Use Only	
Application Number :-	<input type="text"/>
Application Date:-	<input type="text"/>
Ledger Number:-	<input type="text"/>

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

Council Specific Information

Please use this form to notify West Wimmera Shire Council of your intent to register a Health Premises. Please note the registration is not official until Council has approved the application.

Applicant Details

Proprietor

Is this proprietor a contract for this application? **Yes/No** If 'no' please complete the Contact section below

Title*	Surname*	Given Names *
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

Address

Street Address/ Postal Address*

Suburb / Town*	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone	After Hours Phone	Business Fax	Mobile
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>

Email

Proprietor 2 (if applicable)

Title*	Surname*	Given Names *
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

Address

Street Address/ Postal Address*

Suburb / Town*	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone	After Hours Phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Contact Details

Contact for this application

Title*	Surname*	Given Name(s)*
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

Address

Street Address *

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone	After Hours Phone	Business Fax	Mobile
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>

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 (please specify below)
<input type="text"/>		

Is the business a Mobile Health Premises? *

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

Premises Details

Address

Street Address / Postal Address *

Suburb / Town *

State *

Postcode *

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

Payment Details

Please contact West Wimmera Shire Council's Environmental Health Officer on 03 5585 9900 to confirm appropriate fee and arrange payment.

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

By marking this checkbox I confirm that I have read and understood all the statements above *

Name of person completing this application *

Date *

Signature of person completing this application *

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to www.westwimmera.com.au.

Lodgement

If you intend to post or fax this form please use the details provided below:

West Wimmera Shire Council
PO Box 201
Edenhope, VIC 3318

Telephone: 03 5585 9900
Fax: 03 5585 9950
Email: council@westwimmera.vic.gov.au
Website: www.westwimmera.vic.gov.au