**Health Premises Registration Application**

The *Public Health and* *Wellbeing Act 2008 (*the *Act) –* Public Health and Wellbeing Regulations 2009 Victoria regulates the standards and requirements of the provision of health services to the community.

Persons undertaking specific health services, within the shire are required to complete and annually renew the registration of the premises.

Services requiring registration include hairdressing, beauty therapy, skin penetration, waxing, electrolysis, microdermabrasion and colonic irrigation.

On receipt of this application, an Environmental Health Officer will contact you to arrange a suitable time to inspect the premises to ensure it meets all relevant regulations. We will provide a written assessment of the inspection, along with an invoice for the registration fee. Fees form part of the registration and will need to be paid prior to commencement of trade.

|  |  |
| --- | --- |
| **Premise details:** | |
| **Trading name:** |  |
| **Address:** |  |
| **Premises type:** |  |
| **Proprietor details:** (sole proprietor, or company name etc) | |
| **Name:** |  |
| **Address:** |  |
| **ACN:** (if company) |  |
| **Business details:** | |
| **ABN:** |  |
| **Mailing Address:** |  |
| **Phone – business** |  |
| **Phone – mobile** |  |
| **Email** |  |
| **Contact person name:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Health premise details:** please complete below | | | | | | |
| Beauty therapy | | Hairdressing | | | Colonic irrigation | |
| Skin penetration | | Tattooing | | | Microdermabrasion | |
| Other, please specify: | | | | | | |
| Is the business a mobile health premise? | | | Yes | No | | |
| Explain what treatments you will be providing: | | |  |  | | |
| **Further Information:** | | | | | | |
| If you have any questions or concerns or require any assistance completing this form please contact Council on (03) 5772 0333 or via email at [eho@murrindindi.vic.gov.au](mailto:eho@murrindindi.vic.gov.au) | | | | | | |
| **Declaration:** | | | | | | | |
| I declare that to the best of my knowledge the information provided is true and correct and penalties exist for providing false or misleading information  Applicant Name: | | | | | | | |
| Signature: |  | | | | | Date: | |
| **Privacy statement** | | | | | | | |
| The personal information requested in this form is being collected by Murrindindi Shire Council for the purpose of this application. We will not disclose your personal information without your consent, except where required to do so by law. To view our privacy policy, visit our website at [www.murrindindi.vic.gov.au/privacy](http://www.murrindindi.vic.gov.au/privacy)  If you do not wish for us to update our records with the information provided, please check this box. | | | | | | | |