



**Application for Registration
Personal Care Premises
Public Health and Wellbeing Act 2008**

Benalla Rural City Council
Tel: 03 5760 2600
www.benalla.vic.gov.au

Council Use Only	
Receipt Number	<input type="text"/>
Date Paid	<input type="text"/>
Amount	<input type="text"/>

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

Council Specific Information

Please use this form to notify Benalla Rural City Council of your intent to register a health related business under the Public Health and Wellbeing Act 2008.

Please note the registration is not official until Council has approved the application and issued a Certificate of Registration.

Applicant Details

Proprietor

Is this proprietor a contact for this application? Yes/No

If 'no' please complete the Contact section below

(If there is more than one proprietor of the business, complete details for each 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

PO Box
 GPO Box
 Private Bag
 Locked Bag
 RRN
 RSD

Street Address/ Postal Address*

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

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

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 *

ABN

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ACN

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Business Name

Company Name

Address

 PO Box GPO Box Private Bag Locked Bag RRN RSD

Street Address/ Postal Address*

Suburb / Town*

State *

Postcode *

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

Business Phone

After hours phone

Business Fax

Mobile

Email

Proprietor 3 (if applicable)

Title*

Surname*

Given Names *

ABN

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ACN

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Business Name

Company Name

Address

 PO Box GPO Box Private Bag Locked Bag RRN RSD

Street Address/ Postal Address*

Suburb / Town*

State *

Postcode *

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

Business Phone

After hours phone

Business Fax

Mobile

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

<input type="checkbox"/> PO Box	<input type="checkbox"/> GPO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Locked Bag	<input type="checkbox"/> RRN	<input type="checkbox"/> RSD
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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)

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

Fees & Charges 2016/2017

Annual Registration Fee \$132 (Hairdressing and low risk beauty premises have free ongoing registration 2018 onwards and are exempt unless they transfer or change ownership or location or change to high risk.)

New Premises First Year Registration Fee \$198.00

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.benalla.vic.gov.au.

Lodgement

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

Benalla Rural City Council

PO Box 227

Benalla Vic 3671

Telephone: 03 57 602600

Fax: 03 5762 5537

Email: council@benalla.vic.gov.au

Website: www.benalla.vic.gov.au