

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

Is this proprietor a contact for this application?

☐ Yes

☐ No

Name

ABN

ACN

Address

☐ PO Box

☐ GPO Box

☐ Private Bag

☐ Locked Bag

☐ RRN

☐ RSD

Information Privacy

The personal information requested on this form is being collected by Council for the purpose of processing your application for a legal point of discharge. The personal information will be used by Council for that primary purpose or directly related purposes. The information may also be used to update Council's customer databases to assist Council in discharging its functions or providing services. The personal information collected will not otherwise be disclosed unless permitted or required by law. If the information is not collected we are unable to process your application and provide the service sought by you. Requests for access to and/or amendment of personal information should be made to Council's Privacy Officer.

Address

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

Phone

Mobile

Email

Proprietor 2 Details

Name

ABN

ACN

Address

- ☐ PO Box
- ☐ GPO Box
- ☐ Private Bag
- ☐ Locked Bag
- ☐ RRN
- ☐ RSD

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Address

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

Phone

Mobile

Email

Proprietor 3 Details

Name

ABN

ACN

Address

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Address

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

Phone

Mobile

Email

Contact Details

Name

ABN

ACN

Business name

Company name

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- ☐ RSD

Address

Business phone

Mobile

Email

Section Break

Please choose the business activity that your business conducts

- ☐ Beauty therapy
- ☐ Hairdressing
- ☐ Colonic irrigation
- ☐ Skin penetration
- ☐ Tattooing
- ☐ Other (please specify below)

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Other business activity

Is the business a Mobile Health Premises?

☐ Yes

☐ No

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

Premises Details

Address

Primary Language Spoken at Premises

Payment Details

Fees & Charges 2024/2025

Once Only Registration Fee \$159 (Hairdressing and low risk beauty premises are then exempt from ongoing fees unless they transfer or change ownership or location or change to high risk.)
High Risk Premises First Year Registration Fee \$238.50 (then \$159 annually by calendar year).

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Declaration

- 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

☐ I understand and acknowledge that

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

Name of person completing this application

Signature of person completing this application

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