



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

Central Goldfields Shire Council  
Tel: 03 5461 0610  
[www.centralgoldfields.vic.gov.au](http://www.centralgoldfields.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.

### Applicant Details

**Proprietor**

Is this proprietor a contract for this application? **Yes/No**  
(If there is more than one proprietor of the business, complete details for each below)

If 'no' please complete the Contact section below

Title\*

Surname\*

Given Names \*




ABN

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 2 (if applicable)**

Title\*

Surname\*

Given Names \*




ABN

ACN

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

ACN

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) \*

ABN

ACN

Business Name

Company Name

**Address**

PO Box

GPO Box

Private Bag

Locked Bag

RRN

RSD

Street Address \*

Suburb / Town

State

Postcode

Business Phone

( )

After hours phone

( )

Business Fax

( )

Mobile

( )

Email

## Health Premises Details\*

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

Beauty therapy

Hairdressing

Colonic irrigation

Skin penetration

Tattooing

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

## 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.centralgoldfields.vic.gov.au](http://www.centralgoldfields.vic.gov.au).

## Lodgement

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

Central Goldfields Shire Council  
PO Box 194  
Maryborough Vic 3465

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

Telephone: 03 5461 0610  
Fax: 03 5461 0666  
Email: [mail@cgoldshire.vic.gov.au](mailto:mail@cgoldshire.vic.gov.au)