



**Submitting Plans for Health or
Prescribed Accommodation Premises
Public Health and Wellbeing Act 2008**

Central Goldfields Shire Council
Tel: 03 5461 0610
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.

Business Type

Please select the type of business premises *

Health Premises

e.g. tattooing, hairdressing

Prescribed Accommodation

e.g. hotel, bed and breakfast, rooming house

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

Prescribed accommodation details

Please detail the type of accommodation * Motel/hotel, holiday camp, hostel, residential accommodation, rooming house, student dormitory or other (please specify)

Maximum number of guest accommodated *

Number of rooms

Note. If you provide Rooming House accommodation for three or less people you do not need to proceed with this application. If you provide any other types of prescribed accommodation for five or less people you do not need to proceed with this application.

Premises Details

Current Trading Name:

Unit No: *

Street No:

Street Name

Suburb / Town *

State *

Postcode *

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

Contact for this Application

Title*

First name*

Last Name*

Other Names

Company Names

Preferred mailing address

Unit No: *

Street No:

Street Name

Suburb / Town *

State *

Postcode *

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

Work Phone

Home Phone

Mobile

Fax

Email

Proprietor Details

Complete the details below for each proprietor

Proprietor 1

Same as the contact of this application

Title*

Surname*

Given Name 1*

Given Name 2

ABN

ACN

Business Name

Company Name

Address

PO Box

GPO Box

Private Bag

Locked Bag

RMB

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

Proposed Opening Date *

Total Cost of Works*

Total Floor Area (m2) *

Supporting documents you need to provide with this application

Payment Details

Acknowledgement

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 Council Privacy statement located at www.centralgoldfields.vic.gov.au.

Lodgement

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

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PO Box 194
Maryborough Vic 3465

Telephone: 03 5461 0610
Fax: 03 5461 0666
Email: mail@cgoldshire.vic.gov.au

Website: www.centralgoldfields.vic.gov.au