**Application for Registration of a Health Premises**

 Public Health and Wellbeing Act 2008

**Borough of Queenscliffe**

(03) 5258 1377 [www.queenscliffe.vic.gov.au](http://www.glenelg.vic.gov.au)

Questions marked with an asterisk (\*) are mandatory and must be completed

**Proprietor details**

Title \* Surname \* Given name(s) \*

ABN ACN

Street address / Postal address \*

Suburb / Town \* State \* Postcode \*

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

Business phone Home 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 Accomodation

 Skin penetration Tattooing Ear piercing

Other \*

Is the business a mobile health premises? \* Yes No

*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**

Trading name of premises \*

**Premises address**

Street address \*

Suburb / Town \* State \* Postcode \*

**Contact person at premises (if not the proprietor)**

Title Surname Given name(s)

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

Business phone Home phone Business fax Mobile

Email

**Payment details**

**Beauty Premises/Skin Penetration/Accomodation $396**

**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

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name.

Name of person completing this application \*

Signature of person completing this application \*

Date \*