



Application to Renew Registration of Health Premises

Public Health and Wellbeing Act 2008

Corangamite Shire Council

(03) 5593 7100 www.corangamite.vic.gov.au

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

Proprietor details			
Title *	Surname *	Given name(s) *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ABN	ACN		
<input type="text"/>	<input type="text"/>		
Street address / Postal address *			
<input type="text"/>			
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	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

Premises Details			
Trading name of premises *			
<input type="text"/>			
Premises address			
Street address *			
<input type="text"/>			
Suburb / Town *	State *	Postcode *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact person at premises (if not the proprietor)			
Title	Surname	Given name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please provide at least one phone number and include the area code			
Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

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

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

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.

Signature

Signature

Print Name

Print Name

Date

Date

Payment details

Please contact Council to confirm the Renewal Fee

Return with payment to:

Environmental Health
Corangamite Shire Council
PO Box 84
CAMPERDOWN VIC 3260

☎ (03) 5593 7100
☎ (03) 5593 2695
✉ shire@corangamite.vic.gov.au