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|  | **Environmental Health**  Services |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444  T 03 5422 0333 – F 03 5422 3623 – [mrsc@mrsc.vic.gov.au](mailto:mrsc@mrsc.vic.gov.au) – www.mrsc.vic.gov.au | |

**Registration of a hairdressing, personal care and body art premises**

Public Health and Wellbeing Act 2008

Proprietor (applicant) details

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type: | | Company | | | | | | Person | | | | | | Partnership | | | |
| Company name: | | | | | |  | | | | | | | | | | | | | | |
| ACN/ABN: | | |  | | | | | | | |
| If proprietor is a company, provide the name and position of authority of the person signing this document. | | | | | | | | | | | | | | | | | | | | |
| Full name: | | |  | | | | | | | | | Authority e.g Director | | | | | | |  | |
| **Name of person (if not a company):** | | | | | | | | | | | | | | | | | | | | |
| Title: |  | | | Family name: | | | | |  | | | | | | | | Given names: | | |  |
| Proprietor postal address: (includes company address if applicant is a company) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Contact numbers:** (ensure that at least one contact phone number is provided and include the area code) | | | | | | | | | | | | | | | | | | | | |
| Business Tel: | | | | |  | | | | | | | | Mobile: | | |  | | | | |
| Fax: | | |  | | | | | | | Email: | | |  | | | | | | | |
| If the proprietor is a partnership the above detail needs to be provided for each partner. | | | | | | | | | | | | | | | | | | | | |
| Are you a community group? | | | | | | | Yes | | | | | | | | No | | | | | |
| A community group is a “not for profit” organisation or a person/s undertaking a business activity solely for the purpose of raising funds for a charitable purposes or for a “not for profit” organisation. | | | | | | | | | | | | | | | | | | | | |

Premises details

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Street address and suburb: | | | | | |  | | | | | | |
| Trading name of premises: | | | | | |  | | | | | | |
| Contact person at premises (if not the proprietor): | | | | | | | | |  | | | |
| Title: | |  | | Family name: | |  | | | | | | Given names: |  |
| Contact numbers: (ensure that at least one contact phone number is provided and include the area code) | | | | | | | | | | | | |
| Business Tel: | |  | | | | | | Mobile: | |  | | |
| Fax: |  | | | Email: | | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- |
| **Type of procedures to be carried out by business (select all that apply):** | | | | | | |
| ***(Higher risk activities/services)*** | | | | | | |
| Hairdressing | Manicures, pedicures, other nail treatments | | | Ear piercing | | |
| Body piercing/skin penetration procedures | | | Facial or body treatments | | | |
| Foot spa treatments | | Hair removal by electrolysis or wax | | | Colonic irrigation | |
| Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing) | | | | | | |
| Other (please specify): | |  | | | | |
| ***Office use only: Expiry date of registration being applied for (higher risk activities/services only)*** | | | | | |  |

Fees for registration of new premises for higher risk activities/services are pro rata from date of registration to 31 December of current year. This fee is exempt from GST under Division 81 of the GST Act.

Fee: $380.

**Declaration**

I understand and acknowledge that the information provided in this application is true and complete to the best of my knowledge and that this application forms a legal document and penalties exist for providing false or misleading information.

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| --- | --- | --- | --- |
| Authorised person (on behalf of company) or proprietor (primary contact) signature: | | |  |
| Date: |  |

**Privacy**

The collection and handling of personal and health information is in accordance with Council’s Privacy Policy which is displayed on Council’s website, [mrsc.vic.gov.au/privacy](https://www.mrsc.vic.gov.au/About-Council/Our-Council/Policies/Privacy-Policy) and available for inspection at or collection from Council’s customer service centres.

Payment options

* **In person**: present this form and payment (cash, cheque/money order, eftpos or credit card) at one of our Service Centres.
* **By Mail**: cheque or money order – payable to Macedon Ranges Shire Council, or download and complete a [Credit Card payment authorisation—MS Word](http://www.mrsc.vic.gov.au/files/assets/public/forms/credit-card-payment-authorisation.docx) or [Credit Card payment authorisation—PDF](http://www.mrsc.vic.gov.au/files/assets/public/forms/credit-card-payment-authorisation.pdf) and mail the form and payment to PO BOX 151, KYNETON VIC 3444