|  |  |
| --- | --- |
| MRSC logo MS Word cropped.jpg | **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 beauty, hair or skin penetration business Fee: $400**

Public Health and Wellbeing Act 2008

Proprietor details

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type: | Company | | | Sole Trader | | | | Partnership |
| If the proprietor is a company, provide the company name. If the proprietor is an individual or partnership, provide the name of the person/s: | | | | | | | | | |
| Name/s: | | |  | | | | | | |
| ACN/ABN: | |  | | | |
| Postal address (including Town and Postcode): | | | | | | |  | | |
| Telephone: | |  | | | Mobile: | |  | | |
| Email: | |  | | | | | | | |

Business details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Trading name: | | | |  | | | |
| Type of premises: | | | | |  | | |
| Address: | |  | | | | | |
| Contact person: | | | | |  | | | |
| Telephone: | | |  | | | Mobile: |  |
| Email: |  | | | | | | |

**Type of procedures to be carried out by business**

Lower risk services – one-off registration - tick all that apply:

Hairdressing/barber

Make up

Spray Tanning

Eyebrow / lash tinting

Higher risk services – annual registration – tick all that apply:

Beauty therapy + Hairdressing

Beauty therapy (i.e. waxing)

Body modification

Colonic irrigation

Dry needling

Eyelash extensions

Facial or body treatments

Foot spa treatments

Hair removal by electrolysis

Nail treatment

Piercing (ear or body)

Skin treatments (i.e microdermabrasion)

Tattooing (includes cosmetic tattooing)

Tooth gems or whitening

|  |  |
| --- | --- |
| Other (please specify): |  |

**Structure and Fit-out**

The application must be accompanied by plans and specifications for materials and finishes for all surfaces including floors, walls, and bench tops. Plans are to comply with Department of Health, Health Guidelines for Personal Care & Body Art Industries.

Plans must show:

* All treatment areas
* Hand wash basin(s)
* Cleaning area and equipment sink
* Equipment storage areas
* The layout of all fixtures, fittings and equipment
* Surface finishes e.g. work station, floor, wall and ceiling finishes

**Note:** You cannot trade at the premises until an Environmental Health Officer has inspected the premises and a certificate of a Public Health and Wellbeing Act Registration is issued to you.

**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.  If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print names(s). If the business is owned by a company or association – the applicants on behalf of that body must sign and print. | | | |
| Registered proprietor’s signature: | |  | Date: |  |
| Print Name: | |  |  |  |

**Privacy Statement**

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 the authorisation below and mail the form and payment to PO BOX 151, KYNETON VIC 3444

**Credit card payment authorisation**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mastercard: |  | | | | | | | | | | Visa: | | |  | | | | | | | | | | |
| I authorise you to charge the following amount to my credit card: | | | | | | | | | | | | | | | | | $ | | | | | | | |
| Name on card: | |  | | | | | | | | | | | | | | | | | | | | | | |
| Credit card number: | | | |  |  | |  |  |  | | |  |  | |  |  | |  |  |  |  |  |  |  |
| Expiry date (xx/xx): | | |  | | | Signature: | | | |  | | | | | | | | | | | | | | |