Environmental Health Services

ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444
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Registration of a Beauty, Hair or Skin Penetration Business — Fee: $422.20

Public Health and Wellbeing Act 2008

Business details

Trading name: _____

Type of premises: _____

Address: _____

Contact person: _____

Telephone: _____ Mobile: _____

Email: _____

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 _____

Suburb: _____ Postcode: _____

Telephone: _____ Mobile: _____

Email: _____

Type of procedures to be carried out by business

Lower risk services

Ongoing registration - tick all that apply:

☐ Hairdressing/barber ☐ Eyebrow / lash tinting

☐ Make up ☐ Spray Tanning

Higher risk services

Annual registration – tick all that apply:

☐ Beauty therapy ☐ Facial or body treatments ☐ Dry needling

☐ Eyelash extensions ☐ Tattooing (includes cosmetic tattooing) ☐ Hair removal (i.e. waxing or electrolysis)

☐ Skin treatments (i.e. microdermabrasion) ☐ Piercing (ear or body) ☐ Tooth gems or whitening

☐ Nail treatments ☐ Body modification ☐ Colonic irrigation

☐ Foot spa treatments ☐ 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 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 customer service centres.
- **Phone:** call our customer service team on (03) 5422 0333 (Mastercard and Visa accepted)
- **By Mail:** cheque or money order – payable to Macedon Ranges Shire Council. Mail this form and payment to PO BOX 151, KYNETON VIC 3444