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

 **Registration of a hairdressing premises $380**

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: |       |

|  |
| --- |
| **Type of procedures to be carried out by business (select all that apply):** |
| ***(Low risk activities/services)*** |
| [ ]  Hairdressing | [ ]  Application of cosmetics that does not involve skin penetration or tattooing. |

Note: that if your application for low risk activities only (see above) the registration will be ongoing and there is no expiry date.

**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.

|  |  |
| --- | --- |
| 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