

Application to Register or Transfer a Prescribed Accommodation or Health Premises

Please use this form to notify Alpine Shire Council of your intent to register a Prescribed Accommodation or Health Premises under the Public Health and Wellbeing Act 2008. (Beauty therapy, tattooing, hairdressing, skin penetration, waxing)

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

APPLICANT DETAILS			
New Proprietor			
Title	*Surname	*Given name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
IF THE PROPRIETOR IS A COMPANY OR ASSOCIATION, SPECIFY NAME OF PERSON COMPLETING THE APPLICATION AND AUTHORITY (E.G. DIRECTORY OF COMPANY).			
*ABN	ACN		
<input type="text"/>	<input type="text"/>		
*Business name	Company name		
<input type="text"/>	<input type="text"/>		
TRUST FUNDS ARE NOT ACCEPTED AS A COMPANY NAME.			
*PLEASE PROVIDE AT LEAST ONE PHONE NUMBER.			
Business phone	Home phone	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Email			
<input type="text"/>			
*Street address	*Suburb/town	*State	*Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Postal address <input type="checkbox"/> As Above	Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Proprietor 2 (if applicable)			
Title	*Surname	*Given name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*ABN	ACN		
<input type="text"/>	<input type="text"/>		
*Business name	Company name		
<input type="text"/>	<input type="text"/>		
*PLEASE PROVIDE AT LEAST ONE PHONE NUMBER.			
Business phone	Home phone	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Email			
<input type="text"/>			
*Street address	*Suburb/town	*State	*Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Postal address <input type="checkbox"/> As Above	Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EXISTING PROPRIETOR (IF TRANSFER OF REGISTRATION)

Existing Proprietor

Title	*Surname	*Given name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*ABN	ACN		
<input type="text"/>	<input type="text"/>		
*Business name	Company name		
<input type="text"/>	<input type="text"/>		
<small>*PLEASE PROVIDE AT LEAST ONE PHONE NUMBER.</small>			
Business phone	Home phone	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
*Email			
<input type="text"/>			
*Street address	*Suburb/town	*State	*Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Postal address <input type="checkbox"/> As Above	Suburb/town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREMISES DETAILS

* Trading name		
<input type="text"/>		
*Street address		
<input type="text"/>		
*Suburb/town	*State	*Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary language spoken at premises (to assist with communication in future)		
<input type="text"/>		
*Will the premises provide food to guests and/or the public? (e.g. bed and breakfast)		
<input type="checkbox"/> No <input type="checkbox"/> Yes, please complete the Application to Register or Notify Food Premises		
*What type of Premises?		
<input type="checkbox"/> Prescribed Accommodation Details		
* Please detail the type of accommodation		
<input type="text"/>		
<small>MOTEL/HOTEL, HOLIDAY CAMP, HOSTEL, RESIDENTIAL ACCOMMODATION, ROOMING HOUSE, STUDENT DORM</small>		
*Maximum number of guests accommodated	*Number of rooms	
<input type="text"/>	<input type="text"/>	
<small>IF YOU PROVIDE ACCOMMODATION FOR THREE OR LESS PEOPLE AND WILL NOT BE SERVING FOOD TO GUEST AND/OR PUBLIC, YOU DO NOT NEED TO PROCEED WITH THIS APPLICATION</small>		
<input type="checkbox"/> Health Premises Details		
*Please choose all the business activity that your business conducts		
<input type="checkbox"/> Beauty therapy	<input type="checkbox"/> Colonic irrigation	<input type="checkbox"/> Tattooing
<input type="checkbox"/> Hairdressing	<input type="checkbox"/> Skin Penetration	<input type="checkbox"/> Waxing
Other		
<input type="text"/>		
Description how the premises will be / is used for e.g. body piercing and facials		
<input type="text"/>		
* Is the business a Mobile Health Premises? <input type="checkbox"/> No <input type="checkbox"/> Yes		
<small>MOBILE PERSONAL CARE AND BODY ART BUSINESSES THAT CONDUCT SKIN PENETRATION ARE NOT PERMITTED. IF YOU ARE A MOBILE HAIRDRESSER OR BEAUTY THERAPIST, PLEASE REGISTER YOUR PRIMARY PLACE OF BUSINESS</small>		

PRIVACY STATEMENT

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: www.alpineshire.vic.gov.au.

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

By marking this checkbox I confirm that I have read and understood all the statements above

New Proprietor

*Print applicant's name

*Signature

*Date

*Print applicant's name

*Signature

*Date

Existing Proprietor (If transfer of registration)

*Print applicant's name

*Signature

*Date

LODGEMENT

You can lodge your form by doing the following:

In person: 2-6 Churchill Ave, Bright VIC 3741

Post: Alpine Shire Council, PO Box 139, Bright VIC 3741

Email: health@alpineshire.vic.gov.au