



Tel: 03 5755 0555  
www.alpineshire.vic.gov.au

Application for Registration of Health Premises  
Public Health and Wellbeing Act 2008

Council Use Only	
Application Number :-	<input type="text"/>
Application Date:-	<input type="text"/>
Ledger Number:-	<input type="text"/>

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

**Council Specific Information**

**Applicant Details**

**Proprietor**

Is this proprietor a contract for this application? **Yes/No**  
(If there is more than one proprietor of the business, complete details for each below)

If 'no' please complete the Contact section below

Title\*

Surname\*

Given Names \*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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ABN

ACN

<input type="text"/>	<input type="text"/>
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Business Name

Company Name

<input type="text"/>	<input type="text"/>
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**Address**

PO Box  GPO Box  Private Bag  Locked Bag  RRN  RSD

Street Address/ Postal Address\*

Suburb / Town\*

State \*

Postcode \*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please provide at least one phone number and include the area code \*

Business Phone

After hours phone

Business Fax

Mobile

( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>
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Email

**Proprietor 2 (if applicable)**

Title\*

Surname\*

Given Names \*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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ABN

ACN

<input type="text"/>	<input type="text"/>
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Business Name

Company Name

<input type="text"/>	<input type="text"/>
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**Address**

Street Address/ Postal Address\*

Suburb / Town\*

State \*

Postcode \*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please provide at least one phone number and include the area code \*

Business Phone

After hours phone

Business Fax

Mobile

Email

**Proprietor 3 (if applicable)**

Title\*

Surname\*

Given Names \*

ABN

ACN

Business Name

Company Name

**Address**

Street Address/ Postal Address\*

Suburb / Town\*

State \*

Postcode \*

Please provide at least one phone number and include the area code \*

Business Phone

After hours phone

Business Fax

Mobile

Email

**Contact details**

**Contact for this application**

Title\*

Surname\*

Given Name(s) \*

ABN

ACN

Business Name

Company Name

**Address**

Street Address \*

Suburb / Town

State

Postcode

Business Phone

After hours phone

Business Fax

Mobile

Email

## Health Premises Details\*

Please choose the business activity that your business conducts\* (Please select all those that apply):

Beauty therapy

Hairdressing

Colonic irrigation

Skin penetration

Tattooing

Other (please specify below)

Is the business a Mobile Health Premises? \*

*Note: Mobile personal care and body art businesses that conduct skin penetration are not permitted.*

If you are a mobile hairdresser or a mobile beauty therapist, please register your primary place of business

Description how the premises will be / is used for \* e.g. body piercing and facials

## Premises details

### Address

Street Address / Postal Address \*

Suburb / Town \*

State \*

Postcode \*

Primary Language Spoken at Premises (to assist with communication in the future)

## 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 [www.alpineshire.vic.gov.au](http://www.alpineshire.vic.gov.au).

## Lodgement

If you intend to post or fax this form please use the details provided below:

Alpine Shire Council  
PO Box 139  
Bright, VIC 3740

Telephone: 03 5755 0555  
Fax: 03 5755 1811

Website: [www.alpineshire.vic.gov.au](http://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 \*

Name of person completing this application \*

Date \*

Signature of person completing this application \*

## Payment Details

How to pay:

By cash, cheque or credit card - If you know the fee to be paid, include payment when delivering the form by post, fax or in person eg cash or cheque.

Payment by credit card - (Visa or Mastercard). Credit Card details to be provided on form or alternatively provide details via phone 03 5755 0555.

**REGARDLESS OF HOW YOU CHOOSE TO PAY FOR THE APPLICATION, YOUR APPLICATION WILL NOT BE PROCESSED BY COUNCIL UNTIL REQUIRED PAYMENT HAS BEEN RECEIVED**

You are required to accept the following terms and conditions:

Electronic form - document to be scanned to include signature (including any required supporting information) and forwarded to [info@alpineshire.vic.gov.au](mailto:info@alpineshire.vic.gov.au) with credit card details.

Print Form - deliver your application (including any required supporting information and necessary payment) to Alpine Shire Council BY FAX, BY POST OR IN PERSON. You are required to sign this form

Fees (GST free):

New Hairdressers, Beauty Parlours etc.	\$300.00 per annum
New Skin Penetration Establishment	\$240.00 per annum

Please complete credit card details below:

✂-----



Please charge my Visa/Mastercard:- (please delete as appropriate)

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total Amount \$

Expiry Date:  /

Signature

Date:  /  /