



**Hindmarsh**  
Shire Council  
Hindmarsh Shire Council  
Tel: (03) 5391 4444  
[www.hindmarsh.vic.gov.au](http://www.hindmarsh.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**

Environmental Health Officer, Hindmarsh Shire Council, PO BOX, NHILL, VIC, 3418

**Applicant Details**

**Proprietor**

**Is this proprietor a contract for this application?**      Yes       No

*(If there is more than one proprietor of the business, complete the details for each below)*

**If 'No', please complete the Contract section below**

Title*	Surname*	Given Names*
<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"/>

**Address**

Street Address / Postal Address\*

Suburb / Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Business Phone	After Hours	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

**Proprietor 2 (if applicable)**

Title*	Surname*	Given Names*
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Business Name

Company Name

**Address**

Street Address / Postal Address\*

Suburb / Town\*

State\*

Postcode\*

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

Business Phone

After Hours

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 number and include the area code\***

Business Phone

After Hours

Business Fax

Mobile

Email

**Health Premises Details**

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

Beauty Therapy

Hair Dressing

Colonic irrigation

Skin penetration

Tattooing

Other (please specify below)

Is the business a Mobile Health Premises? \*      Yes       No

*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)

### Payment Details

### 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\*

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

## Lodgement

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

**Hindmarsh Shire Council**  
**PO BOX 250**  
**NHILL VIC 3418**

**Telephone:** (03) 5391 4444  
**Fax:** (03) 5391 1736  
**Email:** [info@hindmarsh.vic.gov.au](mailto:info@hindmarsh.vic.gov.au)  
**Website:** [www.hindmarsh.vic.gov.au](http://www.hindmarsh.vic.gov.au)

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