



# ENVIRONMENTAL HEALTH SUBMITTING PLANS FOR HEALTH OR PRESCRIBED ACCOMMODATION PREMISES

## Collection Notice

We will handle any personal information you have provided in this form in accordance with the *Privacy and Data Protection Act 2014*. Our privacy policy contains information about how you may access your personal information and seek correction of such information; as well as how to complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint. For more information, please see our Privacy Policy or contact our team on (03) 5391 4444. Your personal information will not be disclosed to any other party unless Council is required to do so by law, has gained your consent to do so or an information privacy principle exemption applies.

**IMPORTANT:** Once your form has been processed, you will receive an invoice for payment. Payment must be made **within 30 days**, or your application may not be processed.

Areas marked with a red asterisk (\*) must be filled out.

### Council Use Only

Application Number:

Application Date:

Ledger Number:

### Business Type\*

Please select the type of business:

Health Premises

Prescribed Accommodation

### Health Premises Details:

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

Beauty Therapy

Hairdressing

Colonic Irrigation

Tattooing

Skin Penetration

Other (please specify):

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.

### Prescribed Accommodation Details:

Please choose the type of accommodation (please select):

Motel / Hotel

Holiday Camp

Hostel

Residential Accommodation

Rooming House

Student Dormitory

Other (please specify):

Maximum number of guests accommodated:

Number of Rooms:

Note: If you provide Rooming House accommodation for three or less people you do not need to proceed with this application. If you provide any other types of prescribed accommodation for five or less people you do not need to proceed with this application.



**Premises Details\*:**

Current Trading Name:

Current Address:

Postal Address:

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

ABN: ACN:

Business Phone: Business Email:

**Proprietor Details\*:**

Given Name/s: Surname:

Home Address:

Mobile: Email:

**Proprietor 2 (if applicable):**

Given Name/s: Surname:

Home Address:

Mobile: Email:

**Details of Plans \*** Please indicate the kind of works you plan to undertake:

Constructing new premises  Altering existing premises  Fitting out existing premises

Proposed Opening Date: Total Cost of Works: \$ Total Floor Area (m<sup>2</sup>):

**Supporting Documents \*** You will need to include the following in your application:

A Floor Plan  List of Services Offered  Flyers

**Declaration:**

By signing this form, I acknowledge that I have read and understood all the information above.

Signature\*:

Name printed\*: Date\*: