

**IMPORTANT – Please use this form to notify Pyrenees Shire Council of your intent to register a Health Premises. Registration is not official until Council has approved your application.**

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

## Section 1: Applicant Details

### Proprietor

|        |              |             |
|--------|--------------|-------------|
| Title: | First Name*: | Last Name*: |
|--------|--------------|-------------|

If the proprietor is a company or association specify the name of person completing the application and authority (e.g. Director of company)

|   |         |            |
|---|---------|------------|
| Authority or Position:<br>e.g. Director, Sole proprietor, Partner |         |            |
| Business Name:  |         |            |
| Company name (if applicable):                                     |         |            |
| ABN:  | ACN:    |            |
| Street Address*:  |         |            |
| Suburb / Town*:   | State*: | Postcode*: |
| Postal Address*:  |         |            |
| Suburb / Town*:   | State*: | Postcode*: |

**Please provide at least one phone number and an email address:\***

|                 |                    |
|-----------------|--------------------|
| Business Phone: | After Hours Phone: |
| Business Fax:   | Mobile:            |
| Email*:         |                    |

**If more than 1 proprietor please attach separate page detailing the details of all proprietors.**

**Contact person at the Premises (if not the Proprietor)**

|                 |                    |
|-----------------|--------------------|
| First Name:     | Last Name:         |
| Business Phone: | After Hours Phone: |
| Business Fax:   | Mobile:            |
| Email*:         |                    |

## Section 2: Health Premises Details

|                            |
|----------------------------|
| Trading Name of Premises*: |
|----------------------------|

**Premises Address:**

|                  |
|------------------|
| Street Address*: |
|------------------|

|                  |         |            |
|------------------|---------|------------|
| Suburb / Town*:  | State*: | Postcode*: |
| Postal Address*: |         |            |
| Suburb / Town*:  | State*: | Postcode*: |

**Type of Health Premises (please tick all that apply) \***

- |   |  |
|---|--|
| <input type="checkbox"/> Hairdressing                                       | <input type="checkbox"/> Beauty Therapy                      |
| <input type="checkbox"/> Manicures, pedicures and other nail treatment      | <input type="checkbox"/> Hair removal by electrolysis or wax |
| <input type="checkbox"/> Facials or body treatments                         | <input type="checkbox"/> Colonic Irrigation                  |
| <input type="checkbox"/> Skin Penetration (inc. ear piercing/body piercing) | <input type="checkbox"/> Tattooing/ Cosmetic Tattooing       |
| <input type="checkbox"/> Other (please specify) _____                       |  |

**Is the business a Mobile Health Business?**

- Yes  No

*NOTE: Skin penetration activities are not permitted from Mobile Health businesses.*

If you are a mobile hair dresser or beauty therapist please register your primary place of business.

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

|  |
|--|
| <br><br><br><br><br><br><br><br><br><br> |
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## Section 3: Supporting Documents

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|--|
| <b>Please provide a copy of the floor plan and any other relevant documents.</b> |
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## Section 3: Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application is 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 of the statements above \*

|                    |        |
|--------------------|--------|
| Applicant's Name * | Date * |
| Signature *        |        |

## Payment Details

Charges for the registration of a Health Premises under the *Public Health and Wellbeing Act 2008* are for the period 1 January to 31 December. Current fees are available on Council's website.

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Please send your completed form to:

**Pyrenees Shire Council**

5 Lawrence Street, BEAUFORT Vic 3373

Ph. (03) 5349 1100 Fax. (03) 5349 2068

[pyrenees@pyrenees.vic.gov.au](mailto:pyrenees@pyrenees.vic.gov.au)

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## Privacy Statement

The Pyrenees Shire Council considers that the responsible handling of personal information is a key aspect of democratic governance and is strongly committed to protecting an individual's right to privacy. Council will comply with the Information Privacy Principles as set out in the Information Privacy and Data Protection Act 2014. The personal information required on this form will only be used by Council for the purpose of processing this application. The information will not be disclosed to any other party unless Council is required to do so by law. You can view and change the information by contacting Customer Service on 03 5349 1100 during business hours.

To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at:

<https://www.pyrenees.vic.gov.au/privacy>

**Please attach with your application**

|                      |   |                                   |                                    |
|----------------------|---|-----------------------------------|------------------------------------|
| Name:                |   |                                   |                                    |
| Property Address:    |   |                                   |                                    |
| Phone Number:        |   |                                   |                                    |
| Email:               |   |                                   |                                    |
| Department:          | <input type="checkbox"/> Building             | <input type="checkbox"/> Planning | <input type="checkbox"/> Local Law |
|                      | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Other :  |                                    |
| Description:         |   |                                   |                                    |
| Total Amount To Pay: | \$  |                                   |                                    |

**How would you like to pay?**

|   |   |
|---|---|
| <input type="checkbox"/> <b>Over the Phone by CREDIT CARD</b>       | Our Customer Service team will call the phone number provided on this form to take your payment.                        |
| <input type="checkbox"/> <b>In Person by CASH, CHEQUE or EFTPOS</b> | Please bring your application and pay in person at Council's Beaufort Office or Avoca Information Centre.               |
| <input type="checkbox"/> <b>Mail a CHEQUE</b>                       | Post your application and include a cheque payable to:<br>Pyrenees Shire Council, 5 Lawrence Street, BEAUFORT Vic 3373. |

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE NOTE THAT YOUR APPLICATION CANNOT BE ASSESSED OR  
PROCESSED UNTIL PAYMENT HAS BEEN MADE IN FULL**