

# East Gippsland Shire Council

273 Main Street (PO Box 1618)  
Bairnsdale VIC 3875  
Website [www.eastgippsland.vic.gov.au](http://www.eastgippsland.vic.gov.au)  
Email [feedback@egipps.vic.gov.au](mailto:feedback@egipps.vic.gov.au)  
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Telephone: (03) 5153 9500  
Fax: (03) 5153 9576  
National Relay Service : 133 677  
ABN: 81 957 967 765

## Application for Registration of a Health Premises

*Public Health and Wellbeing Act 2008*

There are some hard words in this form. The hard words are in **blue**. You can read what the words mean on page 2.

### Proprietor Details

Name:						
Postal address:			Postcode			
Phone number: Home:		Work:		Mobile:		
Email address:				Fax:		
Type of <b>proprietor</b> : <input type="checkbox"/> Company <input type="checkbox"/> Person <input type="checkbox"/> Partnership						
If the <b>proprietor</b> is a company, provide the name and position of <b>authority</b> of the person signing this document:  _____						
If <b>proprietor</b> is a partnership you will need to provide details for each partner. Please complete on a separate sheet of paper and attach to this application.						
Are you a <b>community group</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No						

### Business Details

Trading name:					
Business address:		Postcode			
<b>ACN or ABN:</b>					
What types of personal care or body art procedures will be performed at the business? (Tick all that apply)					
<b>Low risk activities/services</b>					
<input type="checkbox"/> Hairdressing <input type="checkbox"/> Application of cosmetics that does not involve skin <b>penetration</b> or tattooing					
<b>High risk activities/services</b>					
<input type="checkbox"/> Manicures, pedicures, other nail treatments			<input type="checkbox"/> Facial or body treatments		
<input type="checkbox"/> Foot spa treatments			<input type="checkbox"/> Body piercing or other skin <b>penetration</b> procedures		
<input type="checkbox"/> Hair removal by <b>electrolysis</b> or wax			<input type="checkbox"/> Ear piercing		
<input type="checkbox"/> Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing)					
<input type="checkbox"/> Colonic Irrigation			<input type="checkbox"/> Other (please specify) _____		

#### Privacy Statement

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property.

When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act 2014*. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail [feedback@egipps.vic.gov.au](mailto:feedback@egipps.vic.gov.au)

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Contact person at business, if not the **proprietor**: \_\_\_\_\_  
\_\_\_\_\_

Business phone numbers: Business: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Fax: \_\_\_\_\_

## Declaration

I understand that the information in this form must be true and forms a legal document.  
If I give false information penalties may apply.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

## Hard Words

**Proprietor**: The owner of a property

**Authority**: The right to act in a specified way.

**Community Group**: A not for profit organisation or a person undertaking a business activity solely for the purpose of raising funds for a charitable purpose or for a not for profit organisation.

**ACN**: Australian Company Number

**ABN**: Australian Business Number

**Penetration**: A movement into or through the skin.

**Electrolysis**: The process of using a very small electric current to remove hair and stop it growing back.

## Office Use Only:

Reference Number: LC/ENV/PP/\_\_\_\_\_ Method of Payment: ☐ Cash ☐ Cheque ☐ Eftpos ☐ Credit Card

Amount Paid: \$\_\_\_\_\_ Receipt Number: \_\_\_\_\_ Receipt Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Expiry date (High risk activities/services only): \_\_\_\_/\_\_\_\_/\_\_\_\_

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## Submitting your application:

<b>Mail</b>	Post the signed, completed form together with any applicable fees or copies of any documentation to; PO Box 1618 BAIRNSDALE VIC 3875.	
<b>Electronic</b>	Fax to 03 5153 9576 Email to <a href="mailto:feedback@egipps.vic.gov.au">feedback@egipps.vic.gov.au</a>	
<b>In Person</b>	Bring the completed form and supporting documents to any of the following locations;	
	Service Centre Opening Hours: 9.00am to 5:00pm. Monday to Friday.	Bairnsdale Corporate Centre: 273 Main Street. Lakes Entrance Service Centre: 18 Mechanics Street. Omeo Service Centre: 179 Day Avenue. Orbost Service Centre: 1 Ruskin Street. Paynesville Service Centre: 55 The Esplanade.
	Mallacoota Service Centre Opening Hours: Monday and Tuesday 10.00am to 2.00pm Wednesday, Thursday, Friday 2.00pm to 5.00pm	Mallacoota Service Centre: 70 Maurice Avenue

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