



Sustaining growth. Strengthening communities.

Public Health & Wellbeing Act 2008

## Application to Register/Transfer a Health Premises

APPLICATION TO REGISTER

TRANSFER OF PREMISES

Council Use Only	
Receipt No. ....	Certificate No. ....
Amount Paid.....	Date Issued.....
Date Paid.....	

APPLICATION MUST BE FULLY COMPLETED AND THE ORIGINAL SUBMITTED TO BE PROCESSED

Proposed opening date      /      /20      Registered until 31 Dec 20\_\_\_\_\_

BUSINESS OWNER/PROPRIETOR		
Fields marked with a red asterisk (*) are mandatory and must be completed		
Title	Surname*	Given Name(s)*
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>*If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Director of Company)</i>		
Authority (i.e Director of Company)	ABN*	ACN (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name (Not Trading Name)		
<input type="text"/>		
Postal Address (All correspondence will be sent to this address)*		
<input type="text"/>		
Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Please provide at least one phone number and include the area code*</i>		
Business phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

**PREMISE DETAILS**

Trading Name/Shop Name\*

Street Address\*

Suburb/Town\*

State\*

Postcode\*

**TRANSFER OF BUSINESS**

**ONLY COMPLETE THIS SECTION IF TRANSFER IS OCCURRING**

Previous Trading Name: \_\_\_\_\_

Previous Proprietor/s Full Names:

Signature of Previous Proprietor/s:

**PERSONAL CARE & BODY ART**

**Please select ALL of the procedures to be conducted**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Hairdressing</b>                                 | <input type="checkbox"/> <b>Colonic Irrigation</b>                                 |
| <input type="checkbox"/> <b>Application of cosmetics/makeup</b>              | <input type="checkbox"/> <b>Tattooist (including cosmetic tattooing)</b>           |
| <input type="checkbox"/> <b>Beauty Therapy (please select each activity)</b> | <input type="checkbox"/> <b>Skin Penetration (please select specific activity)</b> |
| <input type="checkbox"/> Facials   | <input type="checkbox"/> Ear piercing  |
| <input type="checkbox"/> Spray tan   | <input type="checkbox"/> Acupuncture/Skin/Needling                                 |
| <input type="checkbox"/> Tinting   | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Manicure or pedicure                                |  |
| <input type="checkbox"/> Artificial nails                                    |  |
| <input type="checkbox"/> Waxing  |  |
| <input type="checkbox"/> Electrolysis  |  |
| <input type="checkbox"/> IPL   |  |
| <input type="checkbox"/> Other _____   |  |

**PRESCRIBED ACCOMMODATION**

**Please select the class of accommodation**

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> <b>Hotel/Motel</b>                                      | <input type="checkbox"/> <b>Student Dormitory</b>         | <b>Number of bedrooms</b> _____   |
| <input type="checkbox"/> <b>Holiday Camp</b>                                     | <input type="checkbox"/> <b>Residential Accommodation</b> | <b>Total number of beds</b> _____ |
| <input type="checkbox"/> <b>Hostel</b>   | <input type="checkbox"/> <b>Other</b> _____               | <b>Do you have a pool?</b>        |
|  |   | <input type="checkbox"/> Yes      |
|  |   | <input type="checkbox"/> No       |
| <b>Do you supply any food (breakfast etc) with the service that you provide?</b> |   | <b>Where is the pool located?</b> |
| _____  |   | <input type="checkbox"/> Indoor   |
|  |   | <input type="checkbox"/> Outdoor  |

## TRADING DETAILS

### Do you have a Liquor Licence?

- Yes  
 No

If Yes, Licence number:

\_\_\_\_\_

### Trading Hours

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

## NEW REGISTRATIONS ONLY – REQUIRED DOCUMENTS

- Floor plan of the premises (including all rooms; equipment/furniture and dimensions). Please refer to our *Public Health & Wellbeing Construction Guideline* for an example of what is required.

## 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

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association – the applicant on behalf of that body must sign and print their name.

### Applicant Signature\*

### Print Applicant Name\*

### Date\*

### Applicant Signature

### Print Applicant Name

### Date

**PLEASE NOTE:** You cannot trade at the premises until an Environmental Health Officer has inspected the premises and a certificate of a Public Health & Wellbeing Act Registration is issued to you.

**PRIVACY:** The City of Ballarat will only use the personal information you provide in or with this form for matters relating to your registration in accordance with the Information Privacy Act 2001 (Vic).

## LODGEMENT & FURTHER ENQUIRIES



In person –

City of Ballarat  
The Phoenix  
25 Armstrong Street South, Ballarat  
Office hours – 8.15am – 5pm Monday to Friday



Contact –

Environmental Health Unit  
(03) 5320 5702  
[environmentalhealth@ballarat.vic.gov.au](mailto:environmentalhealth@ballarat.vic.gov.au)



By mail –

Environmental Health Unit  
City of Ballarat  
PO Box 655  
Ballarat Vic 3353



Payment can be made online via B-Pay or on the City of Ballarat's website. Please contact the Environmental Health Unit to determine the fees and reference number for this application.