

Application date:	
Ledger number:	
Application number:	
Date of registration:	

**Strathbogie Shire Council**

61 03 57950000 <http://www.strathbogie.vic.gov.au>

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

**Council specific information**

Please use this form to apply to Shire of Strathbogie to register a health premises.

**Applicant details**

**Proprietor**

Is this proprietor a contact for this application?  Yes  No

Title *	Surname *	Given Name(s) *
<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 phone number and include the area code \*

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

**Contact details**

**Contact for this application**

Title *	Surname *	Given Name(s) *
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Address**

Street address / Postal address \*

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

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

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

### Health premises details

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

- Beauty therapy                       Hairdressing                       Colonic irrigation  
 Skin penetration                       Tattooing                       Other

Other \*

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

For relevant fees and charges please contact Council on 1800 065 993.

#### How to pay:



By cash, cheque or credit card - If you know the fee to be paid, include payment when delivering the form. If you do not know the fee to be paid, Council will contact you after receiving the application and advise you of the fee and how to pay it.

## 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 ticking this checkbox I confirm that I have read and understood all the statements above \*

Name of person completing this application \*

Signature of person completing this application

Date \*

## 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 <http://www.business.vic.gov.au/BUSVIC/STANDARD/PRIVACY.html>

## Lodgement

**If you intend to post this form please use the details provided below:**

Strathbogje Shire Council

Address: PO Box 177 Euroa 3666

Telephone: 61 03 57950000

Fax: 61 03 5795 3550

Email: [info@strathbogje.vic.gov.au](mailto:info@strathbogje.vic.gov.au)

Website: <http://www.strathbogje.vic.gov.au>