



MANSFIELD SHIRE

Application for Registration of a Personal Care/Body Art Premises

Public Health and Wellbeing Act 2008

33 Highett Street, Mansfield
Private Bag 1000
Mansfield Vic 3724

Phone: (03) 5775 8555
E: council@mansfield.vic.gov.au
Office Hours: 8:15am to 5:00pm
Monday to Friday

Proprietor (applicant) details

Type of proprietor: Company Person Partnership

Name of company: ACN/ABN

If proprietor is a company, provide the name and position of authority of the person signing this document

Name: Authority e.g. Director

Name of person (if not a company)

Family Name

Given names

Proprietor postal address:

(includes company address if applicant is a company)

Contact numbers (ensure that at least one contact phone number is provided and include the area code):

Bus A/H Mob

E-mail

If proprietor is a partnership the above detail needs to be provided for each partner.

Premises details

Premises street address and suburb:

Trading name of premises:

Type of personal care/body art procedures to be carried out by business (select all that apply):

(Low risk activities/services)

Hairdressing Application of cosmetics that does not involve skin penetration or tattooing

(Higher risk activities/services)

Manicures, pedicures, other nail treatments Facial or body treatments
 Colonic irrigation Body piercing or other skin penetration procedures
 Hair removal by electrolysis or wax. Ear piercing

Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing)

Other (specify):

Manager/Contact person at premises (if not the proprietor): As detailed above in 'Proprietor details'

Family Name

Given names

Contact numbers at premises (ensure that at least one contact phone number is provided and include the area code):

Bus Mob

E-mail

Submission of application and registration fees

FEE

Ongoing PH&W Act Registration	\$151 (applicable businesses only)
2018 PH&W Act Registration	\$151

MAIL

Mail with payment to:
Mansfield Shire Council
Private Bag 1000
MANSFIELD VIC 3724

Cheques should be made payable to 'Mansfield Shire Council'. Receipts will be issued for mailed payments

IN PERSON

Present form intact at Council office:

33 Highett Street
Mansfield Vic 3722

Cash, Cheque, Credit and Eftpos Available

Privacy statement

Mansfield Shire Council is collecting the information on this form for the purpose of administration and enforcement of the *Public Health and Wellbeing Act 2008*. The information will be used solely by Council for the primary purpose or directly related purposes. As required under the *Public Health and Wellbeing Act 2008* this information will be kept in a database. You may access this information by contacting Mansfield Shire Council on (03) 5775 8555.

Declaration

I understand and acknowledge that the information provided in this application is true and complete to the best of my knowledge and that this application forms a legal document and penalties exist for providing false or misleading information.

Authorised person (on behalf of company)/
Proprietor (primary contact) signature

Date

OFFICE USE ONLY:

LC REF:	RECEIPT No:	DATE:
FILE No:	FEE PAID:	RECEIPT TO: 400301.75

CREDIT CARD PAYMENT

Amount \$_____ by Visa MasterCard

Credit Card Number: _____

Expiry Date: __/__/__ CSV: ___ (on reverse of card)

Cardholder Name: _____ Signature: _____