



Mansfield Shire

# Application for Registration of a Personal Care/Body Art Premises

Public Health and Wellbeing Act 2008

33 Hihett Street, Mansfield  
Private Bag 1000  
Mansfield Vic 3724

Phone: (03) 5775 8555  
E: [council@mansfield.vic.gov.au](mailto:council@mansfield.vic.gov.au)  
Office Hours: 8:30am to 4:30pm  
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	<b>\$166 (applicable businesses only)</b>
2023/24 PH&W Act Registration (no skin penetration)	<b>\$166</b>
2023/24 PH&W Act Registration (with skin penetration)	<b>\$192</b>

### 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 2019* 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:

<b>LC REF:</b>	<b>RECEIPT No:</b>	<b>DATE:</b>
<b>FILE No:</b>	<b>FEE PAID:</b>	<b>RECEIPT TO: 400301.75</b>

## CREDIT CARD PAYMENT

Amount \$ \_\_\_\_\_ by Visa       MasterCard

Credit Card Number: \_\_\_\_\_

Expiry Date: \_\_/\_\_/\_\_      CSV: \_\_\_ (on reverse of card)

Cardholder Name: \_\_\_\_\_      Signature: \_\_\_\_\_