



Mansfield Shire

Application for Registration of a Personal Care/Body Art Premises

Public Health and Wellbeing Act 2008

33 Highbett Street, Mansfield
Private Bag 1000
Mansfield Vic 3724

Phone: (03) 5775 8555
Email: council@mansfield.vic.gov.au
Office Hours: 8:30am to 4:30pm
Monday to Friday

Proprietor (applicant) details		
Type of proprietor:	Company <input type="checkbox"/>	Person <input type="checkbox"/> Partnership <input type="checkbox"/>
Name of company:	<input type="text"/>	ACN/ABN <input type="text"/>
If proprietor is a company, provide the name and position of authority of the person signing this document		
Name :	<input type="text"/>	Authority e.g. Director <input type="text"/>
Name of person (if not a company)		
Family Name	Given names	
<input type="text"/>	<input type="text"/>	
Proprietor postal address: <input type="text"/> <i>(includes company address if applicant is a company)</i>		
Contact numbers (ensure that at least one contact phone number is provided and include the area code):		
Bus <input type="text"/>	A/H <input type="text"/>	Mob <input type="text"/>
E-mail <input type="text"/>		
If proprietor is a partnership the above detail needs to be provided for each partner.		

Premises details	
Premises street address and suburb:	<input type="text"/>
Trading name of premises:	<input type="text"/>
Type of personal care/body art procedures to be carried out by business (select all that apply):	
(Low risk activities/services)	
<input type="checkbox"/> Hairdressing <input type="checkbox"/> Application of cosmetics that does not involve skin penetration or tattooing	
(Higher risk activities/services)	
<input type="checkbox"/> Manicures, pedicures, other nail treatments	<input type="checkbox"/> Facial or body treatments
<input type="checkbox"/> Colonic irrigation	<input type="checkbox"/> Body piercing or other skin penetration procedures
<input type="checkbox"/> Hair removal by electrolysis or wax.	<input type="checkbox"/> Ear piercing
<input type="checkbox"/> Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing)	
<input type="checkbox"/> Other (specify): <input type="text"/>	
Manager/Contact person at premises (if not the proprietor): <input type="checkbox"/> As detailed above in 'Proprietor details'	
Family Name	Given names
<input type="text"/>	<input type="text"/>
Contact numbers at premises (ensure that at least one contact phone number is provided and include the area code):	
Bus <input type="text"/>	Mob <input type="text"/>
E-mail <input type="text"/>	



Submission of application and registration fees

FEE

Ongoing PH&W Act Registration	\$171.00 (applicable businesses only)
2018 PH&W Act Registration (no skin penetration)	\$171.00
2018 PH&W Act Registration (with skin penetration)	\$197.00

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:

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: _____