

Application for Approval of a Health Related Premises

APPLICANT DETAILS

Full name:			
Business name:			
ABN:			
Physical address of Business:	No.:	Street name:	
	Suburb:		Post code:
Postal Address:			
Phone numbers: (M)		(W)	
Email:			

INTENDED USE OF THE PREMISES

<input type="checkbox"/> Hairdresser	<input type="checkbox"/> Beauty Therapist	<input type="checkbox"/> Tattooist	<input type="checkbox"/> Acupuncturist	<input type="checkbox"/> Body Piercing	<input type="checkbox"/> Nail Spa
<input type="checkbox"/> Other (please specify) _____					

CHECKLIST OF REQUIRED INFORMATION TO BE INCLUDED WITH THIS APPLICATION:

- Plan layout of premises
- List of equipment (fridge, storage cabinet, etc.)
- List of facilities (hand washing facilities, sink, etc.)

Declaration: I, the person making this application declare that:

The information contained in this application is true and correct in every particular;

Signature of Applicant: _____ Date: _____

In the case of a company, please state your position _____

You may need to gain planning approval to conduct the proposed activity at your location. To discuss your proposal with a City Planner please contact – 9781 1731.

SCHEDULE OF FEES

Note: The following fees are payable after the application is submitted – an invoice will be issued once the application has been assessed by an Environmental Health Officer:

Application Fee: \$165