

## Beauty/Hairdressing/BodyArt/Therapies Registration Application

*Public Health & Wellbeing Act 2008*

### SECTION 71

*Please complete this form and provide it to Towong together with the registration/ renewal fee (as applicable).*

**APPLICATION FOR** (please tick relevant box):

**REGISTRATION**                     
  **RENEWAL OF REGISTRATION**                     
  **TRANSFER OF HEALTH PREMISES.**

#### APPLICANT DETAILS:

Name of Proprietor:

Address of applicant:

Postal address (if different from above):

Contact numbers: Business phone:

Mobile:

Email:

#### HEALTH PREMISES DETAILS:

*Please choose the business activity that your business conducts (please select all that apply).*

##### **Low risk activities/ services**

Hairdressers Shop

Mobile Hairdresser

Application of cosmetics that does not involve skin penetration or tattooing

##### **Higher risk activities/ services**

Skin Penetration Premises

Hair removal by electrolysis or wax

Manicures, pedicures, other nail treatments

tattooing

Permanent or semi-permanent make up (cosmetic tattooing)

Colonic irrigation

Facial or body treatments

Ear piercing

Foot spa treatments

Other (please specify).....

Business or Trading name of business:

Company Name (if applicable)

ACN

Address of premises:

Contact person at premises (if not the proprietor):

Contact numbers: Business phone:

Mobile:

Email:

**REGISTRATION PERIOD**

Per calendar year: 1 Jan – 31 Dec .Pro rata is not available.

**PAYMENT DETAILS:**

Please contact Council to confirm the fee for this application

**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 provide false or misleading information
- I am over 18 years at the time of completing this application

By marking this checkbox I confirm that I have read and understood all the statements above.

Signature of Applicant(s): .....

Date:.....

**PRIVACY STATEMENT:**

Any personal information disclosed on this form has been collected by Indigo Shire Council for the provision of the services referred to on this form. This information will be used by Council for that purpose or directly related purpose and will not be disclosed to any other party except as required by law.

**LODGEMENT:**

Please return this application form together with the fee to:

**By Mail:**

Po Box 55  
Towong VIC 3700

**By Email:**

info@towong.vic.gov.au

**In Person:**

Call to arrange an appointment  
1300 365 222