Application for approval of Public Health and Wellbeing Act business - personal care and body art

What you need to do

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| **Complete the form** | **Submit application** | **Receive your invoice** |
| Make sure all sections are complete and you have supplied all supporting documents | Submit your application at any Port Phillip Town Hall or via email | Once your application is processed you will receive an invoice for payment |

Read before starting

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| A scale plan of the business must be submitted with this application showing the proposed layout of the business. An Environmental Health Officer will assess the plan and contact you.  This application forms a legal  document and penalties exist for providing false or misleading information. |  | **How to apply**  Submit this form and required supporting documentation: | | **Further information**  03 9209 6292 | |
|  | Envelope | healthservicesunit@  portphillip.vic.gov.au |  | [portphillip.vic.gov.au/councilservices/ business-in-portphillip/business- permits/ hair-beauty-tattoo-and-piercing-permit](https://www.portphillip.vic.gov.au/council-services/business-in-port-phillip/business-permits/hair-beauty-tattoo-and-piercing-permit) |
|  | Envelope | Health Services  City of Port Phillip  Private Bag 3  St Kilda VIC 3182 |  |  |

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| **1** | **Declaration** |  |  |
|  | The information provided in this application is true and complete to the best of my knowledge | I have submitted a plan of the business | |

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**Privacy policy**

This information is collected by the City of Port Phillip under the requirements of the Public Health & Wellbeing Act for enforcement and Public Health purposes. It may be provided to the Department of Health and Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with CoPP Information Privacy Policy and the Information Privacy Act.

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| **2** | **Business owner’s details** |  |  |  |  |

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|  | If the business is owned by an individual or partnership all owners must complete and sign. | | | | | | | | | | | | | |
|  | **If you are registering as an individual or partnership** | | | | | | | | | | | | | |
|  | **Owner 1** | | | | | | | | | | | | | |
|  | First name | | | | Last name | | | | | | | | | |
|  |  | | |  |  | | | | | | | | |  |
|  | **Owner 2** (if applicable) | | | | | | | | | | | | | |
|  | First name | | | | Last name | | | | | | | | | |
|  |  | | |  |  | | | | | | | | |  |
|  | **If you are registering as a company** | | | | | | | | | | | | | |
|  | Company name | | | | | | ACN | | | | | | | |
|  |  | | | | |  |  | | | | | | |  |
|  | Authority (the person authorised to make application on behalf of the company) | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |
|  | **Owner’s contact details** | | | | | | | | | | | | | |
|  | Postal address | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |
|  | Suburb | | | | | | | | State | | | Postcode | | |
|  |  | | | | | | |  |  |  | |  | |  |
|  | Phone number | | Mobile phone number | | | | | | | | | | |  |
|  |  |  |  | | | | | | | |  | | | |
|  | Email | | | | | | | | | | | | |  |
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| **4** |  | **Business details** |  |  |  |  |

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|  | Trading name | | | | | | | ABN | | | | | |
|  |  | | | | | |  |  | | | | |  |
|  | **Business address** | | | | | | | | | | | | |
|  | Unit number |  | Number |  | Street name | | | | | | | | |
|  |  |  |  |  |  | | | | | | | |  |
|  | Suburb | | | | | | | | State | | Postcode | | |
|  |  | | | | | |  | |  |  |  | |  |
|  | Hours of operation (eg: Mon-Fri 9-5, Sat 10-4) | | | | | | | | | | | | |
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| **5** | | **Business activity/services** | | | | | | | | |
| Low risk activities/services | | | Higher risk activities/services (Tick all that apply) | | | | | | | |
|  | | Hairdressing  Application of cosmetics that does not involve skin penetration or tattooing |  | Spray tan  Manicure  Facials  Waxing  Threading  IPL/Laser  Microdermabrasion  Eyelash extension  Eyelash/eyebrow tinting |  | Electrolysis  Dry needling  Piercing – ear (gun only)  Piercing - body  Tattooing  Cosmetic tattooing  Colonic irrigation  Other | | | | |
| **6** | **Signatures** | | | | | |  |  |  |  | |

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| --- | --- | --- | --- | --- |
|  | **Signature - Applicant 1** | | **Signature - Applicant 2** (if applicable) | |
|  |  |  |  |  |
|  | Print name | | Print name | |
|  |  |  |  |  |
|  | Date | | Date | |
|  |  |  |  |  |
|  | * If the business is owned by a sole trader or partnership, the owner(s) must sign * If the business is owned by a company, the applicant on behalf of that body must sign | | | |