



Application for Registration of Public Health and Wellbeing Act business

What you need to do



Complete the form

Make sure all sections are complete and you have supplied all supporting documents



Submit application

Submit your application at any Port Phillip Town Hall or via email



Receive your invoice

Once your application is processed you will receive an invoice for payment

Read before starting

This registration is for the current calendar year. Renewals for the next calendar year will be sent out by email and mail.

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:

- ✉ healthservicesunit@portphillip.vic.gov.au

- ✉ Health Services
City of Port Phillip
Private Bag 3
St Kilda VIC 3182

Further information

☎ 03 9209 6292

👉 portphillip.vic.gov.au/councilservices/business-in-portphillip/business-permits/hair-beauty-tattoo-and-piercing-permit

1 Declaration

The information provided in this application is true and complete to the best of my knowledge

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 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.

2 Business owner's details

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

3 Business activity/services

Low risk activities/services

- Hairdressing
- Application of cosmetics that does not involve skin penetration or tattooing

Higher risk activities/services (Tick all that apply)

- 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

4 Business details

Trading name

ABN

Business address

Unit number

Number

Street name

Suburb

State

Postcode

Hours of operation (eg: Mon-Fri 9-5, Sat 10-4)

5 Manager's details

Manager's name

Best number to contact you on

Email address

6 Signatures

Signature - Applicant 1

Print name

Date

Signature - Applicant 2 (if applicable)

Print name

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