

APPLICATION TO REGISTER A HEALTH PREMISES AT FALLS CREEK

Section 71 of the *Public Health & Wellbeing Act 2008*

I/We the undersigned, hereby apply to register/renew/transfer under the provisions of the *Public Health & Wellbeing Act 2008* the Premises described hereunder to the Falls Creek Alpine Resort Management Board for the year commencing 1 May 2019

APPLICATION FOR (please tick relevant box): ☐ REGISTRATION / ☐ RENEWAL OF REGISTRATION / ☐ TRANSFER OF HEALTH PREMISES / ☐ ONE OFF-ONGOING REGISTRATION*

APPLICANT DETAILS:

Name of Proprietor:

ABN/ACN:

Postal address of applicant:

Contact numbers: Business phone:

Facsimile:

Home phone:

Mobile:

Email:

HEALTH PREMISES DETAILS:

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

- | | |
|--|--|
| <input type="checkbox"/> Mobile Hairdresser | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Hairdresser/Make up | <input type="checkbox"/> Colonic irrigation |
| <input type="checkbox"/> Skin Penetration Premises | <input type="checkbox"/> Other (please specify)..... |
| <input type="checkbox"/> Beauty Parlor & Similar Establishment | |

BUSINESS OR TRADING NAME:

COMPANY NAME (if applicable):

ACN:

ADDRESS OF PREMISES:.....

PHONE NO:..... **FAX NO:**

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

Registration Period

This application for registration will end on 30 April 2020

***One-off/ongoing registrations are for Hairdressing &/or temporary makeup activities only**

FEE \$172.00 (Please note that the fee for this registration is GST free)

Transfer Fee is 50% of registration fee

Privacy Statement

This information is collected under the requirements of the *Public Health & Wellbeing Act 2008* for enforcement and Public Health purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with the Department of Human Services Information Privacy Principles and the *Information Privacy Act*.

Lodgement

Please return this application form together with the fee to:

Falls Creek Alpine Resort Management Board,

Post: PO Box 50, Falls Creek Vic 3699

Fax: 03 5758 1200

Email: landmanagement@fallscreek.com.au