

Request for Assessment of a registrable premises

Public Health & Wellbeing Act 2008

Tax Invoice: GST inclusive

1. Business details

Trading as name _____

Business address _____

Postcode _____

2. Applicant's details

Full name _____

Mailing address _____

Postcode _____

Email _____

Phone number _____

Mobile number _____

3. Select the services you are proposing to provide:

- | | | |
|---|--|--|
| <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Barbering | <input type="checkbox"/> Make up services |
| <input type="checkbox"/> Tattooing | <input type="checkbox"/> Cosmetic tattooing | <input type="checkbox"/> Manicure and pedicures |
| <input type="checkbox"/> Skin penetration | <input type="checkbox"/> Ear piercings | <input type="checkbox"/> Body piercings |
| <input type="checkbox"/> Waxing | <input type="checkbox"/> Threading | <input type="checkbox"/> Laser procedures |
| <input type="checkbox"/> Facials | <input type="checkbox"/> Eyelash extensions or lifting | <input type="checkbox"/> Eyebrow or lash tinting |
| <input type="checkbox"/> Spray tan | <input type="checkbox"/> Colonic irrigation | <input type="checkbox"/> Electrolysis |
| <input type="checkbox"/> Foot spas | <input type="checkbox"/> Dry needling | |

Other (please specify) _____

4. Declaration

I/We, the undersigned, hereby request that an inspection of the premises identified above be carried out for assessment against the requirements of the *Public Health and Wellbeing Act 2008*, and that a written report of the outcome of the inspection be provided to me.

Signature of applicant _____

Date _____

Privacy Statement: The personal information requested on this form is being collected by Council for the purpose of meeting its legal obligations under the Food Act 1984, the Public Health and Wellbeing Act 2008, Environmental Protection Act 1970 and associated or related legislation. The information will be kept confidential and identifying information will not be disclosed to any person for any other purpose. Confidential food information may be given to a public statutory body to enable that body to carry out any of its duties or functions under any Act or regulations. You may access your own information by contacting Council's Environmental Health Services on 9747 7200.

Office Use Only

Receipt type:

Ledger number:

Fee:

406

01805.0820.0831

\$308.00 per hour or part thereof

Please return completed form to:

Mail:
Melton City Council
PO Box 21
Melton VIC 3337

Email:
health@melton.vic.gov.au
(max. file size: 10MB)
ABN: 22 862 073 889

Phone:
9747 7200
Fax:
9743 9970

