

**In person:** 104 Hovell St, Wodonga, VIC 3690

**Phone:** (02) 6022 9300

**Post:** PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

Under the *Public Health and Wellbeing Act 2008*.

*PLEASE NOTE: This registration is not official until the council has approved the application. For this application all relevant sections must be completed.*

### **Information required to be submitted:**

#### **Application fees**

Fees are due upon lodgement of application. The application will not be processed until the required payment has been received.

#### **Application form**

Required to be filled out correctly, signed and dated.

#### **Premises floor plans**

Plan drawn to scale of not less than 1 to 100 which:

- Shows every part of the premises including yards and outbuilding;
- Indicate the specific work processes to be carried out in each room, compartment or part of the establishment including the use to which any outbuildings will be placed;
- Shows the location and type of all fixtures, equipment, furniture, shelving, benches, etc;
- Show the room or enclosure to be provided for the storage of cleaning equipment and materials and the clothing, footwear and personal effects of employees; and
- Shows the area outside the establishment to be set aside for the temporary storage of refuse and indicates the size of bins and method of rubbish disposal. Quantity required by the council is two.

#### **Premises specifications**

Specifications describing the type of materials to be used in the construction and finishing of all floors, walls, ceilings, partitions, benches, shelving, fittings, cupboards and all fixtures and equipment. Attach a full description of all processes to be conducted on site. For example, waxing including facial, leg, underarm and bikini.

Quantity required by the council is two

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### **General information:**

#### **Accommodation**

If you provide Rooming House accommodation for three or less people you do not need to proceed with this application. If you provide any other types of prescribed accommodation for five or less people you do not need to proceed with this application.

#### **Alterations to existing premises**

To discuss the extent of the alterations to determine if plans need to be submitted for approval contact the council's environmental health team on (02) 6022 9300.

#### **Building Services**

Registration cannot be issued until the development has met all building permit requirements if necessary.

#### **Inspections**

Wodonga Council reserves the right to charge for re-inspection or additional inspections particularly where the original inspection was not ready, incomplete or the like.

#### **Mobile health premises**

Mobile health premises must register their principal place of business. This is generally the premise where equipment is stored and cleaned. No skin penetration procedures are permitted to be conducted via mobile health premises.

#### **Rooming house register**

Rooming house business owners, please note: it is a requirement under the *Residential Tenancies Act 1997* for councils to enter information about the rooming houses they register into the State-wide register of rooming houses. Some of this information, specifically the rooming house address, the name/s of the owner of the rooming house business, the business owner/s ABN/ACN and the council which registers the rooming house, will be available to the public. Should you wish to have your personal details suppressed from the public view of the register you can apply in writing to the director of Consumer Affairs Victoria.

#### **Statutory planning**

To ensure the proposed location meets the correct zoning requirements, phone the council's planning team on (02) 6022 9300. Registration cannot be issued until the development has met all planning permit requirements if necessary.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>Business type</b>  | <input type="checkbox"/> Health premises<br><small>(for example, tattooing, hairdressing, beauty therapy)</small>  |   | <input type="checkbox"/> Prescribed accommodation<br><small>(for example, hotel, bed and breakfast, rooming house)</small>           |  |  |
| <b>Type of plans</b>  | <input type="checkbox"/> Construct new premises <input type="checkbox"/> Altering existing premises <input type="checkbox"/> Fitting out existing premises |   |  |  |  |
|   | Proposed opening date:   |   |  |  |  |
|   | Total floor area (m <sup>2</sup> ):  |   |  |  |  |
|   | Total costs of works:  |   |  |  |  |
| <b>Premise details</b>  | Proposed trading name:   |   |  |  |  |
|   | Unit number:   | Street number:  | Street name:   |  |  |
|   | Suburb:  | State:  | Post code  |  |  |
| <b>Health premises details</b>  | Please choose the business activity that your business conducts (please select all those that apply):  |   |  |  |  |
|   | <input type="checkbox"/> Beauty therapy <input type="checkbox"/> Hairdressing <input type="checkbox"/> Tattooing   |   | <input type="checkbox"/> Skin penetration <input type="checkbox"/> Colonic irrigation  |  |  |
|   | <input type="checkbox"/> Other (please specify): _____   |   |  |  |  |
| Is the business a mobile health premises? <input type="checkbox"/> Yes <input type="checkbox"/> No            |  |   |  |  |  |
| If yes, for a mobile hairdresser or a mobile beauty therapist, please register your primary place of business |  |   |  |  |  |
| <i>PLEASE NOTE: Skin penetration activities are not permitted for mobile health premises.</i>                 |  |   |  |  |  |
| <b>Prescribed accommodation details</b>   | Please provide the type of accommodation:  |   |  |  |  |
|   | <input type="checkbox"/> Motel <input type="checkbox"/> Hotel <input type="checkbox"/> Hostel  |   | <input type="checkbox"/> Residential accommodation <input type="checkbox"/> Rooming house <input type="checkbox"/> Student dormitory |  |  |
|   | <input type="checkbox"/> Holiday camp <input type="checkbox"/> Other (please specify): _____   |   |  |  |  |
|   | Number of rooms:   |   |  |  |  |
| Maximum number of guests accommodated:  |  |   |  |  |  |
| <b>Proprietor details</b>   | <input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company   |   |  |  |  |
| <b>Proprietor one</b>   | Company/partnership name:  |   |  |  |  |
|   | Authority:<br><small>For example, director</small>   |   |  |  |  |
|   | Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss                                  |   |  |  |  |
|   | Given name/s:  |   |  |  |  |
|   | Surname:   |   |  |  |  |
|   | Date of birth:   |   |  |  |  |
|   | Postal address:  |   |  |  |  |
|   | Suburb:  | State:  | Post code  |  |  |
|   | ABN:   | ACN:  |  |  |  |
|   | Phone (work):  | Phone (home):   |  |  |  |
|   | Mobile:  | Fax:  |  |  |  |
|   | Email:   |   |  |  |  |
|   | <b>Proprietor two<br/>If applicable.</b>   | Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss |  |  |  |
|   |  | Given name/s:   |  |  |  |
| Surname:  |  |   |  |  |  |
| Date of birth:  |  |   |  |  |  |
| Postal address:   |  |   |  |  |  |
| Suburb:   |  | State:  | Post code  |  |  |
| ABN:  |  | ACN:  |  |  |  |
| Phone (work):   |  | Phone (home):   |  |  |  |

|  |   |               |   |
|--|---|---------------|---|
|  | Mobile:   | Fax:          |   |
|  | Email:  |               |   |
| <b>Contact for this application</b><br>Please provide details of the person you want the council to communicate with about the application.  | Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss   |               |   |
|  | Given name/s:   |               |   |
|  | Surname:  |               |   |
|  | Postal address:   |               |   |
|  | Suburb:   | State:        | Post code: <input type="text"/> <input type="text"/> <input type="text"/> |
|  | Phone (work):   | Phone (home): |   |
|  | Mobile:   | Fax:          |   |
|  | Email:  |               |   |
| <b>Declaration</b><br>This form must be signed by the person making the request.<br><br>Remember it is against the law to provide false or misleading information, which could result in a fine. | <b>I understand and acknowledge that the information provided in this application is true and complete to the best of my knowledge. This application is a legal document and penalties exist for providing false or misleading information.</b> |               |   |
|  | <b>If the business is owned by a sole trader or a partnership, the proprietor/s must sign and print name/s. If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name.</b>     |               |   |
|  | Name:   |               |   |
|  | Signature:  |               |   |
|  | Date:     /     /   |               |   |
| <b>Attached items</b>  | Please tick the items that you have attached:<br><input type="checkbox"/> Floor plan (2) <input type="checkbox"/> Specifications (2) <input type="checkbox"/> Application fee   |               |   |
| <b>Payment options</b><br><br>*Please make cheques payable to 'Wodonga City Council'   | <b>Please visit <a href="http://wodonga.vic.gov.au">wodonga.vic.gov.au</a> for applicable fees and charges or phone Customer Focus on (02) 6022 9300.</b>   |               |   |
|  | <b>In person</b> - EFTPOS, credit card, cheque or cash  |               |   |
|  | <b>Mail options</b> - cheque* or credit card  |               |   |
|  | PLEASE NOTE: Regardless of how you choose to pay for the application, your application will not be processed by the council until required payment has been received.   |               |   |

|                        |                   |
|------------------------|-------------------|
| <b>OFFICE USE ONLY</b> |                   |
| Application number:    | Application date: |
| Receipt number:        | Payment number:   |

Personal and or health information collected by the council is used for municipal purposes as specified in the Local Government Act 1989. The personal and or health information will be used solely by the council for these purposes and or directly related purposes. The council may disclose this information to other organisations if required by legislation. The applicant understands that the personal and or health information provided is for the above purpose and that he or she may apply to council for access to and/or amendment of the information. Request for access and or correction should be made to the council's privacy officer.

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