

**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: Registration is not official until the council has approved the application. For this application to progress all relevant sections must be completed.*

**Information required to be submitted:**

**1. This application form**

Required to be filled out correctly, signed and dated.

**2. Application fees**

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

**3. Building Services**

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

**4. Statutory Planning**

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

**Inspections**

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

**Health premises required to be registered**

The following businesses must be registered:

- Beauty therapy;
- Hair and beauty;
- Hairdressing only (once off registration unless transferred or relocate);
- Skin penetration;
- Tattooing; and
- Colonic irrigation.

**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.

**Health premises exempt**

Regulation 15 of the *Public Health and Wellbeing Regulations 2009* exempt the following health businesses from needing to be registered with the council, provided that they hold registration under *Health Professional Registration Act* or other relevant acts:

- Dentists;
- Medicals practitioners;
- Nurses;
- Podiatrists;
- Acupuncturists;
- Pathology services;
- Non-pathology analysis businesses; and
- Hospitals/health centres.

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**Definitions:**

**Beauty therapy** - Any procedure intended to maintain, alter or enhance a person's appearance by, facial or body treatments, application of cosmetics, manicures or pedicures, application or mending of artificial nail and epilation including electrolysis or hot or cold wax.

**Colonic irrigation** - A procedure involving the cleansing of a person's colon.

**Hairdressing** - Any procedure intended to maintain, alter or enhance a person's appearance in relation to facial or scalp hair by trimming, styling, cutting, and colouring, treating or shaving hair.

**Skin penetration** - Any procedure performed on a person other than a surgical or medical procedure that involves, piercing, cutting, scarring, branding, scraping, puncturing or tearing of the skin using an instrument.

**Tattooing** - Any process that involves the penetration of a person's skin to make a permanent or semi-permanent mark, pattern or design on, or under, the skin.

<b>Premises details</b>	Trading name:			
	Trading address:			
	Suburb:	State:	Post code	
	Phone (work):		Phone (home):	
	Mobile:		Fax:	
	Email:			
	Description of the activities to be conducted: _____ _____ _____			
<b>Proprietor details</b>	<input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company			
Proprietor one	Company/partnership name:			
	Authority: For example, director			
	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:			
Proprietor two If applicable.	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> 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	
	Phone (work):		Phone (home):	
	Mobile:		Fax:	
	Email:			

<b>Health premises details</b>	<p>Please choose the business activity that your business will conduct (please select all those that apply):</p> <p> <input type="checkbox"/> Beauty therapy      <input type="checkbox"/> Hair and Beauty      <input type="checkbox"/> Hairdressing  <input type="checkbox"/> Make up only      <input type="checkbox"/> Skin penetration      <input type="checkbox"/> Tattooing  <input type="checkbox"/> Colonic irrigation      <input type="checkbox"/> Other (please specify): _____ </p> <p>Is the business a mobile health premises? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, for a mobile hairdresser or a mobile beauty therapist, please register your primary place of business</p> <p><i>PLEASE NOTE : Skin penetration activities are not permitted for mobile health premises.</i></p>
<b>Declaration</b> This form must be signed by the person making the request.  It is against the law to provide false or misleading information, which could result in a fine.	<p><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></p> <p><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></p> <p><b>Proprietor one</b></p> Name: _____ Signature: _____ Date:     /     / _____ <p><b>Proprietor two</b></p> Name: _____ Signature: _____ Date:     /     / _____
<b>Payment options</b>  *Please make cheques payable to 'Wodonga City Council'	<p><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></p> <p><b>In person</b> - EFTPOS, credit card, cheque or cash</p> <p><b>Mail options</b> - cheque* or credit card</p> <p><i>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.</i></p>

<b>OFFICE USE ONLY</b>		<b>Version 2: May 2018 Review date: May 2021</b>	
Application number:	Application date:		
Receipt number:	Registration date:		

*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.*