



**MORNINGTON
PENINSULA**
Shire

APPLICATION FOR REGISTRATION OF PREMISES

**PUBLIC HEALTH & WELLBEING ACT 2008
PUBLIC HEALTH & WELLBEING REGULATIONS 2008**

To the Mornington Peninsula Shire

I, the undersigned, hereby apply to register the premises described hereunder and depicted in the floor plan attached herewith.

Name of Applicant _____

Address _____

ABN NUMBER _____

Email Address _____

Address of Premises _____

- Type of Premises
- Hairdresser
 - Beauty Therapy
 - Skin Penetration/Body Piercing/Ear Piercing
 - Tattooing
 - Hairdressing & Beauty Therapy
 - Colonic Irrigation

Business Name _____

Telephone (Business) _____ (Mobile) _____

For current Application Fee: Please Refer to the 'Environmental Health Fee Schedule'
Application Fee Tattooist Only: Please Refer to the 'Environmental Health Fee Schedule'

Signature _____ Date _____

INFORMATION PRIVACY COLLECTION STATEMENT

Mornington Peninsula Shire is collecting personal information on this form in accordance with its legislative powers and functions and it will only be used and disclosed in accordance with these powers and functions. You may access the information by contacting Mornington Peninsula Shire

Office Use Only: (Quick Code 007) Receipt Number: _____