

## Submitting Plans for Health or Prescribed Accommodation Premises Public Health and Wellbeing Act 2008

Council Use Only						
Application Number :-						
Application Date:-						
Ledger Number:-						

Tel: 03 5461 0610 www.centralgoldfields.vic.gov.au	L						
Fields marked with an asterisk (*) are mandatory and must be completed.							
	Business Type						
Please select the type of business premises	s <b>*</b>						
Health Premises e.g. tattooing, hairdressing	Prescribed Accommodation e.g. hotel, bed and breakfast, rooming house						
Health Premises Details							
Please choose the business activity that your bu	usiness conducts* (Please select all those that apply):  Hairdressing	Colonic irrigation					
Skin penetration	Tattooing	Other (please specify below)					
Is the business a Mobile Health Premises?*  Note: Mobile personal care and body art businesses that conduct skin penetration are not permitted.  If you are a mobile hairdresser or a mobile beauty therapist, please register your primary place of business							
	Dragarihad accommodation dataile						
Please detail the type of accommodation * Motel/hotel, holiday camp, hostel, residential accommodation, rooming house, student dormitory or other (please specify)							
Maximum number of guest accommod	dated * Number o	of rooms					
Note. If you provide Rooming House accor application. If you provide any other types with this application.	mmodation for three or less people you do not need to p of prescribed accommodation for five or less people you	proceed with this u do not need to proceed					

	Pr	remises Details		
Current Trading Name:				
Unit No: * Street No:	Street Name	Suburb / Town *	Stat	te * Postcode *
Primary Language Spoken a	at Premises (to assist with	communication in the future)		
	Contact	t for this Application		
Title* First nan	me* Last Name*	Other Names		Company Names
Preferred mailing address				
Unit No: * Street No:	Street Name	Suburb / Town *	State	e * Postcode *
Please provide at least one phone nu	umber and include the area code			
Vork Phone	Home Phone	Mobile	Fa	ax
Email				
	Pro	oprietor Details		
Complete the details below		oprietor Details		
Complete the details below <b>Proprietor 1</b>		oprietor Details		
	for each proprietor	oprietor Details		
Proprietor 1	for each proprietor	oprietor Details  Given Name 1*		Given Name 2
Proprietor 1 Same as the contact	for each proprietor			Given Name 2
Proprietor 1 Same as the contact	for each proprietor	Given Name 1*		Given Name 2
Proprietor 1  Same as the contact Title*  Surname*  ABN	for each proprietor t of this application	Given Name 1*		Given Name 2
Proprietor 1 Same as the contact Title* Surname*	for each proprietor t of this application	Given Name 1*		Given Name 2
Proprietor 1  Same as the contact Title*  Surname*  ABN	for each proprietor t of this application	Given Name 1*		Given Name 2
Proprietor 1 Same as the contact Title* Surname*  ABN Business Name  Address	for each proprietor t of this application	Given Name 1*  CN  Company Name	RMB	Given Name 2
Proprietor 1 Same as the contact Title* Surname*  ABN Business Name  Address	for each proprietor  t of this application  AC  Box Private Bag	Given Name 1*  CN  Company Name	RMB	
Proprietor 1  Same as the contact Title*  ABN  Business Name  Address  PO Box  GPC	for each proprietor  t of this application  AC  Box Private Bag	Given Name 1*  CN  Company Name	RMB	
Proprietor 1  Same as the contact Title*  ABN  Business Name  Address  PO Box  GPC	for each proprietor  t of this application  AC  Box Private Bag	Given Name 1*  CN  Company Name  Locked Bag	RMB	RSD
Proprietor 1  Same as the contact Title*  ABN  Business Name  Address  PO Box  GPC Street Address/ Postal Address	for each proprietor  t of this application  AC  Box Private Bag	Given Name 1*  CN  Company Name  Locked Bag	_	RSD
Proprietor 1  Same as the contact Title*  Surname*  ABN  Business Name  Address  PO Box  Street Address/ Postal Address  Suburb / Town*	for each proprietor  t of this application  AC  Box Private Bag	Given Name 1*  CN  Company Name  Locked Bag  State *	_	RSD
Same as the contact Title*  Surname*  ABN  Business Name  Address  PO Box  Street Address/ Postal Address  Suburb / Town*  Please provide at least one Business Phone	for each proprietor  t of this application  AC  Box Private Bag ress*	Given Name 1*  CN  Company Name  Locked Bag  State *	_	RSD
Same as the contact Title*  Surname*  ABN  Business Name  Address  PO Box  Street Address/ Postal Address  Suburb / Town*  Please provide at least one	for each proprietor  t of this application  AC  Box Private Bag ress*	Given Name 1*  CN  Company Name  Locked Bag  State *  the area code *	_	RSD

	2 (if applicabl	e)			Circar N	ma 1		Civan Nama 2
Title	Surname				Given Nar	ne i		Given Name 2
ABN				ACN				
Pusings No.						ompony No	m o	
Business Nar	ne					ompany Na	me	
Address								
PO Box	GPO		Priv	ate Bag	L Lo	cked Bag	RME	B RSD
Street Addres	ss/ Postal Addre	988						
Cubumb / Tau						toto	Doctor	. d.
Suburb / Tow	m				$\neg$ $\overset{\circ}{\vdash}$	tate	Postco	ode
Please provid	de at least one p	hone nur	nber and i	nclude the	area code			
Business Pho	one	After ho	urs phone		Busi	ness Fax		Mobile
( )		( )			(	)		( )
Email								
	3 (if applicabl	e)						
Title	Surname				Given Nar	ne 1		Given Name 2
ABN				ACN		<del></del>		1
Business Nar	me					ompany Na	me	
Address								
PO Box	GPO		Priv	ate Bag	Lo	cked Bag	RME	B RSD
Street Addres	ss/ Postal Addre	ess						
Suburb / Tow	'n					tate	Postco	ode
Please provid	de at least one p	hone nur	nber and i	nclude the	area code			
Business Pho	one	After ho	urs phone		Busi	ness Fax		Mobile
( )		( )			(	)		( )
Email								
				What	kind of p	lans		
Please ind	icate the kind of	works vo	ou plan to		····			
undertake.								
Construction	ng new premise	s						
_ ¬				_				
Altering ex	isting premises							
7								
Fitting out	existing premise	es						

Proposed Opening Date * Total Cost of Works*	Total Floor Area (m2) *
Supporting documents you no	eed to provide with this application
Supporting documents you no	sed to provide with this application
Paym	ent Details
Ackno	wledgement
By marking this checkbox I confirm that I have read and un statements above *	
	Doto *
Name of person completing this application *	Date *
Signature of person completing this application *	
Privac	y Statement
The information gathered in the form is used by Council to process Council's offices or go to Council Privacy statement located at www	the application. To view Council's privacy policy, please either visit
Council's critices of go to Council I invacy statement located at www	.commangoramonas.vic.gov.au.
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	dgement
If you intend to post or fax this form please use the details provided	below:
Central Goldfields Shire Council	Telephone: 03 5461 0610

Website: www.centralgoldfields.vic.gov.au

Fax: 03 5461 0666

Email: mail@cgoldshire.vic.gov.au

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