



**Application for Registration  
Personal Care Premises**  
*Public Health and Wellbeing Act 2008*

Council Use Only	
Receipt Number	<input type="text"/>
Date Paid	<input type="text"/>
Amount	<input type="text"/>

**Benalla Rural City Council**

**Ph: 03 5760 2600**

[www.benalla.vic.gov.au](http://www.benalla.vic.gov.au)

Fields marked with an asterisk (\*) are mandatory and must be completed.

**Council Specific Information**

Please use this form to notify Benalla Rural City Council of your intent to register a health-related business under the *Public Health and Wellbeing Act 2008*.

Please note the registration is not official until Council has approved the application and issued a Certificate of Registration.

**Applicant Details**

**Proprietor**

Is this proprietor a contact for this application? **Yes/No**

If 'no' please complete the Contact section below

*(If there is more than one proprietor of the business, complete details for each below)*

Title*	Surname*	Given Names *
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

**Address**

PO Box    GPO Box    Private Bag    Locked Bag    RRN    RSD

Street Address/ Postal Address\*

Suburb / Town*	State *	Postcode *
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code \*

Business Phone	After hours phone	Mobile
( ) <input type="text"/>	( ) <input type="text"/>	<input type="text"/>

Email

**Proprietor 2 (if applicable)**

Title\*

Surname\*

Given Names \*

ABN

ACN

Business Name

Company Name

**Address**

PO Box

GPO Box

Private Bag

Locked Bag

RRN

RSD

Street Address/ Postal Address\*

Suburb / Town\*

State \*

Postcode \*

Please provide at least one phone number and include the area code \*

Business Phone

After hours phone

Business Fax

Mobile

Email

**Proprietor 3 (if applicable)**

Title\*

Surname\*

Given Names \*

ABN

ACN

Business Name

Company Name

**Address**

PO  
Box

GPO Box

Private  
Bag

Locked  
Bag

RRN

RSD

Street Address/ Postal Address\*

Suburb / Town\*

State \*

Postcode \*

Please provide at least one phone number and include the area code \*

Business Phone

After hours phone

Business Fax

Mobile

Email

## Contact details

### Contact for this application

Title*	Surname*	Given Name(s) *
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

**Address**

<input type="checkbox"/> PO Box	<input type="checkbox"/> GPO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Locked Bag	<input type="checkbox"/> RRN	<input type="checkbox"/> RSD
---------------------------------	----------------------------------	--------------------------------------	-------------------------------------	------------------------------	------------------------------

Street Address \*

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone	After hours phone	Business Fax	Mobile
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>

Email

## Health Premises Details\*

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"/> Colonic irrigation
<input type="checkbox"/> Skin penetration	<input type="checkbox"/> Tattooing	<input type="checkbox"/> 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.

Description how the premises will be / is used for \* e.g. body piercing and facials

## Premises details

### Address

Street Address / Postal Address \*

Suburb / Town \*

State \*

Postcode \*

Primary Language Spoken at Premises (to assist with communication in the future)

## Payment Details

### Fees & Charges 2024/2025

Once Only Registration Fee \$159 (Hairdressing and low risk beauty premises are then exempt from ongoing fees unless they transfer or change ownership or location or change to high risk.)

High Risk Premises First Year Registration Fee \$238.50 (then \$159 annually by calendar year).

## Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application forms a legal document and penalties exist for providing false or misleading information
- I am over 18 years at the time of completing this application

By marking this checkbox I confirm that I have read and understood all the statements above \*

Name of person completing this application \*

Date \*

Signature of person completing this application \*

## Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to [www.benalla.vic.gov.au](http://www.benalla.vic.gov.au).

## Lodgement

If you intend to post or email this form, please use the details provided below:

Benalla Rural City Council  
PO Box 227  
Benalla Vic 3671

Telephone: 03 5760 2600  
Email: [council@benalla.vic.gov.au](mailto:council@benalla.vic.gov.au)  
Website: [www.benalla.vic.gov.au](http://www.benalla.vic.gov.au)