

HEALTH PREMISES ONGOING REGISTRATION FORM

OVERVIEW

All businesses offering solely hairdressing and/or temporary make up services are eligible to apply to Council for an 'ongoing' registration.

If additional services are offered (i.e. waxing, nail treatments, skin penetration activities) do not complete this form. You are required to register your business on an annual basis – complete an *Application to Register a Health Premises form*.

APPLICATION FEE

Ongoing Registration \$395.00

LODGEMENT



EMAIL:
caseycc@casey.vic.gov.au



IN PERSON:

Bunjil Place Customer Service
2 Patrick Northeast Drive, Narre Warren



MAIL:
City of Casey
PO Box 1000,
Narre Warren, VIC 3805

Cranbourne Customer Service
Shop 61, Cranbourne Park Shopping Centre

Please refer to the City of Casey website for opening hours.

PRIVACY STATEMENT:

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the *Privacy and Data Protection Act 2014*. All personal information collected by the City of Casey will only be used for the purpose outlined within our Privacy Policy. Council's Privacy Policy is available from our website www.casey.vic.gov.au and all Council Customer Service Centres. For further information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website www.casey.vic.gov.au or by calling on **9705 5200**.

Contact the City of Casey:

Web: casey.vic.gov.au
Email: caseycc@casey.vic.gov.au
Phone: 03 9705 5200
Post: PO Box 1000, Narre Warren VIC 3805
NRS: 133 677 (for the deaf, hearing or speech impaired)

Customer Service Centres:

Narre Warren: Bunjil Place, Patrick Northeast Drive
Cranbourne: Cranbourne Park Shopping Centre
ABN: 43 320 295 742

PROPRIETOR DETAILS:

Proprietor type:	<input type="checkbox"/> Company	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
Name/s: If the proprietor is a company, provide the company name. If the proprietor is an individual or partnership, provide the name of the person/s.			
Proprietor/s address (registered address if company):			
Suburb:		Postcode:	
Proprietor's postal address (if different from above):			
Suburb:		Postcode:	
Mobile:		Telephone:	
Email:		ACN/ABN:	

PREMISES DETAILS:

Trading name:	
Suburb:	Postcode:
Name of contact person at premises:	
Mobile:	Telephone:
Email:	

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 of age at the time of completing this application.

	By marking this checkbox and signing below, I confirm that I have read and understood all the statements above.		
Proprietor signature/s:			
Print name:			
Authority: (if on behalf of a company)			
Date:			

