

OVERVIEW

Please ensure you identify all activities conducted by your business when completing this form. There are two registration types – if you conduct any high-risk activities then your business is classified as a high-risk type premises (see page 2 of this application for further information on the classification of business activities).

If solely hairdressing and/or temporary make up services are offered, you are eligible for an 'ongoing' registration. Please do not complete this form – complete the Health Premises Ongoing Registration Form.

APPLICATION FEE

High Risk Premises (skin penetration)	\$435.00 (GST exempt)
Medium Risk Premises (beauty therapy)	\$325.00 (GST exempt)

Please note: All new registrations charged at 50% if registered between 1 July and 31 December.

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:	
Trading name:			

PREMISES DETAILS:

Premises address:	
Suburb:	Postcode:
Name of contact person at premises:	
Mobile:	Telephone:
Email:	

HEALTH PREMISES ACTIVITIES:

Type of personal care/body art procedures to be carried out by business (tick all that apply):

Medium risk activities

<input type="checkbox"/>	Manicures, pedicures, other nail treatments	<input type="checkbox"/>	Facial or body treatments
<input type="checkbox"/>	Foot spa treatments	<input type="checkbox"/>	Waxing
<input type="checkbox"/>	Other (please specify):		

High risk activities

<input type="checkbox"/>	Colonic irrigation	<input type="checkbox"/>	Ear piercing
<input type="checkbox"/>	Tattooing	<input type="checkbox"/>	Electrolysis
<input type="checkbox"/>	Permanent or semi-permanent make-up (cosmetic tattooing)		
<input type="checkbox"/>	Body piercing or other skin penetration procedures		
<input type="checkbox"/>	Other (please specify):		

Note: If the only activities conducted at your business is hairdressing and/or the application of temporary make-up do not use this form – complete a Health Premises Ongoing Registration form.

Is the business a mobile health premises? Yes No

If yes, please register your primary place of business.

Note: Mobile personal care and body art businesses that conduct skin penetration activities are not permitted.

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:		