

Please print clearly in **BLOCK LETTERS** with a black pen.
 Ensure all fields have been filled out correctly.
 Please tick the appropriate boxes.
 Once your application is received a Council Officer will contact you if further information is required.

This form is for the registration of Food Premises, Beauty Salons, Swimming and Spa Pools, Hairdressers, Skin Penetration premises (piercing, tattooing, acupuncture) and Places of Shared Accommodation. You may use this form to register new premises or to make changes to registration for existing premises which fall into these categories

1 Occupiers details

Owner/proprietor name Full name

Company name

Registered address Street or PO

Town

Daytime contact details Phone Fax

Mobile Email

Contact name (if different from above)

ABN / ACN

2 Premises details

Premises trading name

Location No. and Street

Town/Locality Postcode

Contact details (if different to above) Phone Email

Purpose for submitting form New premises Change of proprietor Other

Ceased to trade Change of trading name

If you ticked Other, please provide details

Date changes are to take effect / Date of commencement of business Date / /

3 Type of business

Please tick each box that relates to any business conducted at the above premises.

Acupuncturist Body / ear piercing Tattoo parlour

Beauty therapy Colonic irrigation Other

If you ticked Other, please provide details

Owner(s)/proprietors declaration

I declare that to the best of my knowledge the information provided in this application is accurate and correct

Signature of owner(s)/proprietor(s) Date / /

Privacy & Personal Information Protection Notice Purpose of collection: To register or modify a premises | **Intended recipients:** Council staff and approved contractors of BVSC | **Supply:** required for the regulation of registered premises | **Access/ Correction:** Council staff or Freedom of Information requests | **Storage:** Council's record management systems and archives

OFFICE USE ONLY

Low Risk Inspection Fee	\$169.00 (type 17)
Notification Fee	\$100.00 (type 17)
Receipt No.	<input style="width: 100%;" type="text"/>
Receipt date	<input style="width: 100%;" type="text"/>
CS staff	<input style="width: 100%;" type="text"/>

Allocation Nos.	W5300.1111.1131 W5300.1121.1120
Application fee	\$ <input style="width: 100%;" type="text"/>

Action Workflow: P&E Business Premises Registration Details