

**PREMISES DETAILS**

Business Trading Name			
Premises Trading Address <small>(address where activity occurs)</small>			
Email Address		Contact Phone	
Trading Days/Hours			
Please indicate: <input type="checkbox"/> New Premises <input type="checkbox"/> Existing Premises <input type="checkbox"/> Development Application No: <b>Note: This notification <u>does not</u> constitute development consent or preclude the need for development consent under the EP&amp;A Act 1979 or the Local Government Act 1993.</b>			

**PREMISES TYPE** (please tick applicable)

<input type="checkbox"/> <b>Skin Penetration</b> (please tick the type of skin penetration procedure/s performed) <input type="checkbox"/> Manicure/Pedicure <input type="checkbox"/> Waxing <input type="checkbox"/> Body piercing <input type="checkbox"/> Microdermabrasion <input type="checkbox"/> Skin needling <input type="checkbox"/> Tattooing <input type="checkbox"/> Colonic lavage <input type="checkbox"/> Barber <input type="checkbox"/> Other (please specify): _____  <input type="checkbox"/> <b>Mortuary</b>	<input type="checkbox"/> <b>Regulated System</b> (please tick) <input type="checkbox"/> Cooling tower <input type="checkbox"/> Warm water system Number of systems: _____ Number of towers: _____ Unique ID Numbers _____ <input type="checkbox"/> <b>Public Swimming Pool/s / Spa/s</b> Number of pools: _____ Number of spas: _____
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**OPERATOR COMPANY DETAILS**

Company Name			
Operator Full Name	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other ____		
Mailing Address			
Email Address		Contact Phone	
ABN/ACN			
Business Contact Person <small>(if different from above)</small>			
Emergency Contact* <small>*Required for regulated systems only</small>			

**PRIVACY POLICY**

By completing this form you are enabling Wollondilly Shire Council to collect personal information about you for the purpose of assisting in the determination process of your application. This information is required by law and failure to provide the information may lead to rejection or delays of your application. At any time you have the right to access, view or correct the personal information that you have provided. The information will be stored in Council's records system and may be placed on Council's Website or be subject to a request to access information under the Government Information (Public Access) Act 2009 (GIPAA).

**APPLICANT DECLARATION**

I declare that to the best of my knowledge, the information provided in this application is accurate and correct. I am aware that I will be required to pay a fee for public health premises inspections undertaken by Council, which will be charged in accordance with the most recent Wollondilly Shire Council's Fees and Charges Schedule. **Please sign the completed form and forward to Wollondilly Shire Council.**

Proprietor Name			
Proprietor Signature		Date	

REGISTER NUMBER: \_\_\_\_\_ (For office use only)