

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	<input type="text"/>	
Company name		<input type="text"/>	
Registered address <input checked="" type="checkbox"/>	Street or PO	<input type="text"/>	
	Town	<input type="text"/>	
Daytime contact details	Phone	<input type="text"/>	Fax <input type="text"/>
	Mobile	<input type="text"/>	Email <input type="text"/>
Contact name	(if different from above)	<input type="text"/>	
ABN / ACN		<input type="text"/>	

2 Premises details

Premises trading name	<input type="text"/>		
Location	No. and Street	<input type="text"/>	
	Town/Locality	<input type="text"/>	Postcode <input type="text"/>
Contact details (if different to above)	Phone	<input type="text"/>	Email <input type="text"/>
Purpose for submitting form	<input type="checkbox"/> New premises	<input type="checkbox"/> Change of proprietor	<input type="checkbox"/> Other
	<input type="checkbox"/> Ceased to trade	<input type="checkbox"/> Change of trading name	
	If you ticked Other, please provide details	<input type="text"/>	
Date changes are to take effect / Date of commencement of business		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>

3 Type of business

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

- | | | |
|---|--|---|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Body / ear piercing | <input type="checkbox"/> Tattoo parlour |
| <input type="checkbox"/> Beauty therapy | <input type="checkbox"/> Colonic irrigation | <input type="checkbox"/> 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)	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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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

	Low Risk Inspection Fee	\$ <input type="text"/>	Allocation Nos.	W5300.1111.1131
	Notification Fee	\$ <input type="text"/>		W5300.1121.1120
	Receipt No.	<input type="text"/>	Application fee	\$ <input type="text"/>
	Receipt date	<input type="text"/>		
	CS staff	<input type="text"/>		

Action Workflow: P&E Business Premises Registration Details