

Application to submit plans of a Health Premises – Public Health & Wellbeing Act



- **Floor plan requirements:**
Please attach two copies of a detailed floor plan and specifications and submit with the application form. The plan is to be drawn to scale of not less than 1:100 showing the proposed use of each room.
- **Submitting plans to Council for approval is a mandatory service for this application.** The service is provided to ensure your premises meet the Public Health & Wellbeing Act requirements and to prevent costly alterations.
- **Where tick boxes (☐) appear please tick where applicable.**

Applicant details					
Office use only	Issued:	Rec'd	EHO:	Fee:	Auth ref:
<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company	<input type="checkbox"/> Architect / Draftsperson	<input type="checkbox"/> Builder	<input type="checkbox"/> Project Mgr
Title	First name	Surname			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Company name					
<input type="text"/>					
Street address					
<input type="text"/>					
Postal address (or 'as above')					
<input type="text"/>					
Contact numbers					
Business: <input type="text"/>			Mobile: <input type="text"/>		
Email					
<input type="text"/>					

Premises details
Premises address
<input type="text"/>
Proposed trading name
<input type="text"/>
Nature of works: <input type="checkbox"/> New premises <input type="checkbox"/> Alterations to existing food premises

Activities and treatments to be carried out			
<input type="checkbox"/> Makeup only	<input type="checkbox"/> Hairdressing only	<input type="checkbox"/> Waxing or electrolysis	<input type="checkbox"/> Tattooing
<input type="checkbox"/> Business involving skin penetration	<input type="checkbox"/> Colonic irrigation	<input type="checkbox"/> Foot spa	
<input type="checkbox"/> Nail treatments, manicure, pedicure	<input type="checkbox"/> Body piercing	<input type="checkbox"/> Skincare	

Other Council departments to contact – ph. 9217 2170		
Have you contacted.....	YES	NO
• Planning Services?	<input type="checkbox"/>	<input type="checkbox"/>
Do you require a Planning Permit? <i>If yes, please attach a copy</i>	<input type="checkbox"/>	<input type="checkbox"/>
• Building Services?	<input type="checkbox"/>	<input type="checkbox"/>

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

Signature of applicant 1

Date

D	D	M	M	Y	Y
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Print name

Signature of applicant 2

Date

D	D	M	M	Y	Y
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Print name

Fees

Please contact Council's Health Services to determine the appropriate fee for your business or refer to <http://www.whittlesea.vic.gov.au>. If paying by credit card via post, please use the Credit Card Payment Authorisation at the end of this application.



Free Telephone Interpreter Service

العربية	9280 1904	Italiano	9280 1905	ਪੰਜਾਬੀ	9280 1907	Tiếng Việt	9280 1901
Ελληνικά	9280 1902	Македонски	9280 1905	தமிழ்	9280 1907	Other	9280 1907
हिंदी	9280 1907	简体中文	9280 1904	Türkçe	9280 1903		

Privacy statement

Council is collecting the information on this form for the purpose of administration and enforcement of the Public Health and Wellbeing Act 2008 (Vic). The information will be used solely by Council for the primary purpose or directly related purposes. As required under the Public Health and Wellbeing Act 2008 (Vic), this information will be kept in a register (computerised database). In accordance with the Public Health and Wellbeing Act 2008 (Vic) a copy of this information must be made available free of charge to any person who requests it. You may access this information by contacting Health Services on 9217 2277.

Credit Card Payment Authorisation

Mail Locked Bag 1, Bundoora MDC 3083

Offices, 25 Ferres Blvd, South Morang VIC 3752

Phone 03 9217 2170 **Fax** 03 9217 2111 **TTY** 9217 2420

Email info@whittlesea.vic.gov.au **Web** whittlesea.vic.gov.au

Card type

Visa Mastercard

Card number

Expiry date (MM/YY)

Cardholder name

Payment amount

\$

I authorise City of Whittlesea to charge the amount stated above.

Cardholder signature

Date