



Public Health Unit
311 Glenferrie Road Malvern
PO Box 58 Malvern 3144
Phone: 03 8290 3393
www.stonnington.vic.gov.au

Fit-Out Assessment application for health premises

(Public Health and Wellbeing Act 2008)

Fee: \$75
Fast tracked: \$100

Applicant details								
Name of applicant: (must be person or company name – trading name not acceptable)								
Postal address:								
Business details								
Trading name:								
Premises address:								
Contact person:								
Phone:								
Email:								
Hair, beauty and skin penetration - tick any treatments listed below that are offered at your business								
Category 1 (High Risk Skin Penetration)	Category 2 (Low Risk Skin Penetration)		Category 3 (Low Risk Beauty Services)					
Ear piercing Body piercing Tattooing Colonic irrigation	Acupuncture Cosmetic tattooing Dermabrasion Dry needling Electrolysis	Foot spa Laser treatment Manicure or pedicure Threading Waxing or facials	Hairdressing Make up Spray tan Wigs Hair extensions Eyebrow or eyelash tinting Eyelash extensions					
Prescribed accommodation								
Residential accommodation (including Bed and Breakfast)	Hotel, motel or hostel	Student dormitory	Number of rooms					
	Rooming house	Holiday camp	Max number of persons accommodated					
Application details								
<p>1. Application must be accompanied by two (2) copies of plans for the proposed premises showing the proposed use for each room. Plans must be:</p> <ul style="list-style-type: none">drawn to scaleof a scale of not less than 1:100accompanied by specifications for materials and finishes for all surfaces including floors, walls and bench tops. <p>2. Plans must show :</p> <table border="0"><tr><td>Hair, beauty and skin penetration</td><td>Prescribed Accommodation</td></tr><tr><td><ul style="list-style-type: none">All treatment areasHand wash basinCleaning area and equipment sinkEquipment storage areasThe layout of all fixtures, fittings and equipment</td><td><ul style="list-style-type: none">All bedrooms and bedsKitchens, lounge-rooms and other shared facilitiesNumber and location of all toilets, showers, baths and hand basinsWaste disposal and storage areas</td></tr></table> <p>3. Hand drawn plans will only be acceptable if the plans are:</p> <ul style="list-style-type: none">drawn accurately to scale (use graph paper or a ruler)in plan view (viewed from above).					Hair, beauty and skin penetration	Prescribed Accommodation	<ul style="list-style-type: none">All treatment areasHand wash basinCleaning area and equipment sinkEquipment storage areasThe layout of all fixtures, fittings and equipment	<ul style="list-style-type: none">All bedrooms and bedsKitchens, lounge-rooms and other shared facilitiesNumber and location of all toilets, showers, baths and hand basinsWaste disposal and storage areas
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Applicant signature:			Date:					
Privacy Statement: The information collected on this form will be used for administration and enforcement of the Public Health and Wellbeing Act 2008 and subordinate regulations, and will be treated in accordance with the Privacy and Data Protection Act 2014.								
Office Use Only								
Acct: R2600.2210 Health Application Fee Application entered: Plans approved: Application approved: Category code:			Receipt number: Premises type: EHO area: EHO name: Registration number:					