



Environmental Health Unit  
 City of Stonnington  
 311 Glenferrie Road MALVERN  
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 MALVERN VIC 3144  
 Phone: 8290 3393  
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[www.stonnington.vic.gov.au](http://www.stonnington.vic.gov.au)

## Application to Register Health Premises

(Public Health and Wellbeing Act 2008)

(Public Health and Wellbeing Regulations 2009)

### APPLICANT DETAILS

|   |  |
|---|--|
| <b>Name of Applicant:</b><br>(must be person or company name – trading name not acceptable) |  |
| <b>Postal Address:</b>  |  |

### BUSINESS DETAILS

|                          |  |
|--------------------------|--|
| <b>Trading Name:</b>     |  |
| <b>Premises Address:</b> |  |

### SERVICES PROVIDED- please tick any treatments listed below that are offered at your business

| Category 1<br>(High Risk Skin Penetration)   | Category 2<br>(Low Risk Skin Penetration)   | Category 3<br>(Low Risk Beauty Services)   |
|--|---|--|
| <input type="checkbox"/> Ear Piercing<br><input type="checkbox"/> Body Piercing<br><input type="checkbox"/> Tattooing<br><input type="checkbox"/> Colonic Irrigation | <input type="checkbox"/> Manicure/Pedicure<br><input type="checkbox"/> Waxing / Facials<br><input type="checkbox"/> Electrolysis<br><input type="checkbox"/> Laser Treatment<br><input type="checkbox"/> Dermabrasion | <input type="checkbox"/> Threading<br><input type="checkbox"/> Dry Needling<br><input type="checkbox"/> Foot spa<br><input type="checkbox"/> Acupuncture<br><input type="checkbox"/> Cosmetic Tattooing<br><input type="checkbox"/> Hairdressing<br><input type="checkbox"/> Make up<br><input type="checkbox"/> Spray Tan<br><input type="checkbox"/> Wigs<br><input type="checkbox"/> Hair Extensions<br><input type="checkbox"/> Eyebrow/Eyelash Tinting<br><input type="checkbox"/> Eyelash Extensions |

|                              |                            |
|------------------------------|----------------------------|
| <b>Contact Person:</b>       |                            |
| <b>Business phone:</b>       | <b>Mobile:</b>             |
| <b>Email:</b>                | <b>Preferred Language:</b> |
| <b>Proprietor Signature:</b> | <b>Date:</b>               |

An invoice for the registration fee amount will be sent to you when the completed application form is submitted.

**Privacy Statement:** The information collected on this form will be used for administration and enforcement of the Public Health and Wellbeing Act 2008 and Public Health and Wellbeing Regulations 2009 and will be treated in accordance with the Privacy and Data Protection Act 2014.

#### Office Use Only

|                              |                             |
|------------------------------|-----------------------------|
| <b>Application approved:</b> | <b>EHO Area :</b>           |
| <b>Application entered :</b> | <b>EHO Name :</b>           |
| <b>Category Code:</b>        | <b>Registration Number:</b> |