

Section 71 Public Health and Wellbeing Act 2008

REQUEST FOR AN INSPECTION & INFORMATION PUBLIC HEALTH & WELLBEING ACT 2008

Applicant Details

This section must be completed by the person or organisation requesting the information.

Name	
Mailing Address	
Telephone (Business Hours)	
Telephone (Mobile)	
Email	

I/we, request an inspection report, registration details and any other relevant information in relation to the Public Health & Well Being Act 2008 for the following premises:

Trading Name	
Premises Type	<input type="checkbox"/> Hairdresser <input type="checkbox"/> Piercing / Tattooing <input type="checkbox"/> Beauty Therapy <input type="checkbox"/> Colonic Irrigation <input type="checkbox"/> Other:
Address	
Applicant Signature:	
Date:	____/____/____

Consent of the Current Registered Proprietor

Where more than one individual is registered as the proprietor, each individual must sign this application. Where an organisation is registered as the proprietor, an authorised person must sign.

I/we,

Organisation Name: (if applicable)	
Proprietor Name/s:	(1)
	(2)

being the current registered proprietor(s) of the premises at:

Address	

within the City of Hobsons Bay, hereby consent the applicant requesting an inspection and information under Public Health and Well Being Act 2008.

Proprietor Signature/s:	(1)
	(2)
Company position: (if applicable)	
Date:	____/____/____

Payment

A fee is required to be paid with this application:

Please circle relevant payment

\$475.00 (Tattooing, Piercing & Accommodation)

\$174.50 (Hair, Beauty Therapies)

The following methods of payment are available:

In Person

Hobsons Bay Civic Centre
115 Civic Parade
Altona Vic 3018

By Mail (Cheque, Money Order, Credit Card*)

Hobsons Bay City Council
P.O. Box 21
Altona Vic 3018

*Credit Card Payments, complete next page

Office Use Only

Ledger #	Description			
44940-5400	Application fee			
Cashier ID:	Receipt #		Date Paid:	

Credit Card Payment

Please charge my credit card for the amount of: (Please circle relevant payment)

\$475.00 (Tattooing, Piercing & Accommodation)

\$174.50 (Hair, Beauty Therapies)

Credit Card Type (tick)

VISA

Mastercard

Credit Card Number

 - - -

Credit Card Expiry

 /

Name on Card

Cardholder Signature

Privacy Statement

The Council is collecting this credit card information for the purpose of processing your payment. It is not disclosed to anyone outside the Council, but may be accessed by you upon request. If you do not provide this information or make other payment arrangements, your application will be unable to be processed.

All other information is collected under the requirements of the Public Health and Wellbeing Act 2008 for enforcement and public health purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with the Department of Human Services Privacy Principles and the Information Privacy Act.

Hobsons Bay City Council

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PO Box 21, Altona 3018
Telephone (03) 9932 1000
Fax (03) 9932 1090

Email customerservice@hobsonsbay.vic.gov.au
 www.twitter.com/HobsonsBayCC
 www.facebook.com/HobsonsBayCityCouncil
 www.hobsonsbay.vic.gov.au

