

Public Health & Wellbeing Premises Establishment Form

Public Health & Wellbeing Act 2008 Applicant Name:

Premise	s Type:		
Propose	d Trading Name:		
Propose	d Premises Address:		
Suburb:		Postcode:	
	nt's Postal Address (If different from abov		
		Mobile:	
		Fax:	
Propos	ed Business Details:		
Please select the services your business will provide:			
	Beauty therapy		
	Applying cosmetics that does not involve skin penetration of tattooing		
	Colonic Irrigation		
	Hairdressing Skin penetration e.g. electrolysis, ear piercing, etc.		
	Tattooing		
	Other		
Floor P	lans:		
	ttach your floor plans when submitting t		
		nan 1:00. The plan must clearly indicate the type and location of	
		ling the finishes to all floors, walls and ceilings.	
	mises floor plans must clearly show the f	3	
	Hand wash basins and equipment cleanii Procedure rooms	ig sinks	
	Equipment cleaning areas including chen	nical storage	
	Countertops, cupboards and benches	nour storage	
I, the un	dersigned, hereby submit this establishm	nent application for consideration.	
Signatur	re:		
Print Na	me [.]	Date [.]	

Please post your completed form to Environmental Health, South Gippsland Shire Council, Private Bag 4, Leongatha 3953, email to council@southgippsland.vic.gov.au or and it in at Council Customer Service Centre at 9 Smith Street, Leongatha.