# Application to register a beauty/health premises

**Council use only**

Application received: …………………………

Payment received: ……………………………

Registration number: ………………………..

Public Health and Wellbeing Act 2008

# Overview

Please use this form to notify Cardinia Shire Council of your intent to register a beauty/health related business under the Public Health and Wellbeing Act 2008.

**Note:** the registration is not approved and valid until you have paid the required fee and Cardinia Shire Council has approved the application and provided you with a registration certificate.

**Note**: It is your responsibility to advise us of changes to email addresses or phone numbers. We communicate via email and SMS and a failure to update this information creates issues with registration renewal which can lead to enforcement action.

# Planning and Building – Permits and Permissions

**Completing this form is for application of registration under the *Public Health & Wellbeing Act 2008* only.** It does not constitute permission under any other legislation, including relevant building and planning legislation.Before applying for registration, you should consult with other departments within Council to ensure you meet their permit requirements to avoid any compliance issues.

* Have you confirmed with Council’s **Planning Department** that you have obtained any necessary planning permits or permissions for this premises  Yes  No
* Have you confirmed with Council’s **Building Department** that you have obtained any necessary building permits or permissions for this premises  Yes  No

Signature:

Date:

To contact either of these departments please call Cardinia Shire Council on 1300 787 624

**Note:** If applying to set up as a home business where you will be operating from a garage, a “change of use” permit must also be obtained from a private building surveyor.

Proprietor Details

Proprietor Type☐ Company ☐ Individual ☐ Partnership

Under the Public Health and Wellbeing Act, a proprietor is a either a company (with an ACN) or a person(s).

If the business is being managed under a business name (associated with an ABN), the proprietor is the company or person behind that business name.

A Trust is not a legal entity and cannot be a proprietor. The proprietor for a Trust is the trustee and must be a person or a company. As an example, we cannot accept ‘the Trustee for the Family Trust’ as a Proprietor.

**Only complete the relevant section for your Proprietor type:**

Company

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name** | |  | | | | ACN |  |
| **Name of person applying** | |  | Authority (e.g. Director) | | | |  |
| **Business Name** (if applicable) | |  | | | ABN | |  |
| **Registered Address** | Street Address |  | | | | | |
| Suburb |  | | Postcode | | |  |
| **Email** (MUST be kept updated with Council) | |  | | | | | |
| **Phone Number** | Mobile |  | | Business | | |  |

**OR**

Individual

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | First Name |  | Surname |  | | ABN |  |
| **Business**  (if not a Sole Trader) | Business Name |  | | | |
| **Address** | Street Address |  | | | | | |
| Suburb |  | | | Postcode | |  |
| **Postal Address**  (if different from proprietor address) | Street/PO Box |  | | | | | |
| Suburb |  | | | Postcode | |  |
| **Email** (MUST be kept updated with Council) | |  | | | | | |
| **Phone Number** | Mobile |  | | | Business | |  |

**OR**

Partnership

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Partnership Name** | |  | | | ABN | |  |
| **Address** | Street Address |  | | | | | |
| Suburb |  | | Postcode | |  | |
| **Postal Address** (if different from proprietor address) | Street/PO Box |  | | | | | |
| Suburb |  | | Postcode | |  | |
| **Email** (MUST be kept updated with Council) | |  | | | | | |
| **Phone Number** | Mobile |  | | Business | | |  |
| **Partner 1** | First Name |  | Surname |  | | | |
| **Partner 2** | First Name |  | Surname |  | | | |

Additional Contact Person (if required)

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Role in Business |  |
| Email |  | Mobile |  |

Premises Details

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Trading Name** | |  | | | | | |
| **Premises Address**  (for a mobile premises, use your primary place of business) | Street Address |  | | | | | |
| Suburb |  | | | | Postcode |  |
| **Premises Activities** (select all that apply) | | | | | | | |
| **High Risk** | | Tattooing | | Cosmetic Tattooing | | | Body/Ear Piercing |
| Colonic Irrigation | | Electrolysis | | | Dry Needling |
| **Medium Risk** | | Manicure/Pedicure | | Laser Hair Removal | | | Facials |
| Waxing/Threading | | Eyelash/Brow Tinting | | | Eyelash Extensions |
| **Lower Risk** | | Hairdressing | | Spray Tanning | | | Temporary Makeup |
|  | |  | | |  |
| **Other** (please specify) | |  | | | | | |
| **Is this a mobile premises?** | | Yes | No | | | | |
| **Water Supply** | | Town/Mains Water | | | Private Tank Water | | |
| **Wastewater Disposal** | | Reticulated Sewerage | | | Onsite Wastewater (Septic Tank) | | |
| **Selling Tobacco Products?** | | Yes | No | | | | |
| **Primary language spoken at premises**  (to assist with communication in future) | |  | | | | | |

# Fee details

Fees are calculated when the premises is ready for registration, not from date of application. Fee amounts will change at the beginning of each financial year.

The initial registration period is from the registration date until 31st December. Annual renewal fees apply thereafter.

Information about the online renewal process is sent out via email from October. The due date for payment of renewal fees and the completed application process is 30th November. This is to allow time for payments to clear before the busy holiday period and ensures that businesses are not trading illegally after 31st December.

|  |  |  |  |
| --- | --- | --- | --- |
| **Premises Type** | **Initial Registration Fee for 2024-2025 Financial Year** (GST Exempt) | | **Renewal Fee for 2025** (GST exempt) – Due 30th November |
| **High Risk** – Skin penetration, tattooing, colonic irrigation | January - March:  April - June:  July - September:  \*October - December: | $465.00  $348.80  $232.50  $542.50 | $310.00 | |
| **Medium Risk** – Beauty, waxing, threading, facials, nails, eyelash extensions, tinting | January – March:  April – June:  July - September:  \*October - December: | $362.00  $271.50  $181.00  $426.50 | $258.00 | | |
| **Lower Risk** - Ongoing Registration – hairdressing, temporary make-up, spray tanning | $412.00 (GST exempt) – Once only fee | | | | |

\*If registration is granted between 1st October and 31st December, the registration will remain in place until 31st December of the following year.

# Ongoing Registration (Lower Risk Activities Only)

All businesses offering solely lower risk services are eligible for an “ongoing” registration. The ongoing registration fee is a once off payment and is inclusive of the registration inspection and management of any enquiries or concerns regarding the business throughout its operation. There is no requirement to renew the registration. Ongoing registration premises are still required to comply with minimum standards of cleanliness and hygiene under the Public Health and Wellbeing Act Regulations 2019

If **additional health/beauty services** are ever offered within the business you will be required to register as a 12 monthly renewal business.

## How to Pay

Shortly after the application is received at Council’s Environmental Health Department, an Environmental Health Officer will contact you to discuss the application and confirm the details. An invoice will then be issued via email.

This invoice must be paid before the registration inspection occurs. How to pay options will be listed on the invoice.

Floor Plan

**You must submit** a drawn diagram of how the premises will be set up or a copy of the premises floor plans with this application. The plan should show relevant details, including:

* Wall and floor finishes
* Location of hand wash sink(s)
* Use of each room/space
* Layout of cleaning/sterilising area
* All other fittings and equipment

*Note: if providing an attachment electronically, please supply as a PDF.*

# Declaration

**All Applications**

If the business is owned by a:

* sole trader or a partnership - the proprietor(s) must sign and print name(s).
* company - the applicant on behalf of that body must sign and print their name.

I understand and acknowledge that:

* the information provided in this application is true and complete to the best of my knowledge.
* this application is a legal document, and penalties exist for providing false or misleading information.
* I am over 18 years of age at the time of completing this application.

Proprietor Name Additional Proprietor Name (Partnership)

Signature Signature

Date Date

# Lodgement

Forms can be lodged here:

**In person:** 20 Siding Avenue, Officer

**Post:** PO Box 7, Pakenham 3810

**Email:** [mail@cardinia.vic.gov.au](mailto:mail@cardinia.vic.gov.au)

# Privacy statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, either visit Council's offices or go to Council’s privacy statement at [www.cardinia.vic.gov.au/privacy](http://www.cardinia.vic.gov.au/privacy)