

## NEW PUBLIC HEALTH & WELLBEING PREMISES PRE-APPLICATION FORM

Please complete this form including all details relating to the operation of your business. Once complete, please return to Maroondah City Council's Community Health team by mail at PO Box 156 Ringwood, Victoria 3134 or via e-mail at [maroondah@maroondah.vic.gov.au](mailto:maroondah@maroondah.vic.gov.au)

If you have any queries, please contact Maroondah City Council's Community Health team on 9294 5603.

### LOCATION OF PREMISES

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### PROPRIETOR DETAILS

Primary Contact Person		Phone No:	
Business Trading Name			
Proprietor/Company			
Business Postal Address			
	Suburb	State:	Postcode:
Business Phone		Business Mobile	
Business Email			
Proposed Trading Date			

### Business Processes (Please tick which processes are to be undertaken in your business)

<input type="checkbox"/> Tattooing	<input type="checkbox"/> Dry Needling	<input type="checkbox"/> Manicure	<input type="checkbox"/> Lash Lift
<input type="checkbox"/> Body & Dermal Piercing	<input type="checkbox"/> Waxing	<input type="checkbox"/> Pedicure	<input type="checkbox"/> Ear Piercing
<input type="checkbox"/> Permanent Make-up / Cosmetic Tattooing	<input type="checkbox"/> Laser	<input type="checkbox"/> Facials	<input type="checkbox"/> Hairdressing
<input type="checkbox"/> Colonic Irrigation	<input type="checkbox"/> Threading	<input type="checkbox"/> Eyelash Extensions	<input type="checkbox"/> Other (please specify):
<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Microdermabrasion	<input type="checkbox"/> Temporary Makeup	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>

### Pre-Application Fee

**\$213**

#### Before we process your application, we require the following:

- Completed New Health Premises Pre-Application Form
- Payment of Pre-Application Fee (invoice emailed after receipt of this form)
- Copy of Premises Plans


#### Privacy Statement

Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy and Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required to do so by law or it is part of the Council business that is being undertaken. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer and Health Records Officer on 1300 88 22 33 or email - [privacy@maroondah.vic.gov.au](mailto:privacy@maroondah.vic.gov.au)

This pre-application is only valid for 12 months from date of submission.

#### Payment can be made by

- **cheque** (cheques made payable to Maroondah City Council)
- **cash or EFTPOS/Credit Card** at any Council Office or Service Centre
- **online** – by prior arrangement (please call 9294 5603)

#### OFFICE USE ONLY

Prepayment \_\_\_\_\_ Receipt Number \_\_\_\_\_ Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

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#### CASHIER CUT OFF

LC PP/HLTH Cash / Cheque / EFTPOS

Receipt Number \_\_\_\_\_ Amount \_\_\_\_\_