|  |  |  |
| --- | --- | --- |
| **REALM**179 Maroondah Highway, Ringwood**CROYDON OFFICE**Croydon Library, Civic Square, CroydonTelephone: 1300 88 22 33  | New Maroondah Logo CMYK**ABN 98 606 522 719** |  |

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

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

**LOCATION OF PREMISES**

**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)***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Tattooing**Body & Dermal Piercing**Permanent Make-up / Cosmetic Tattooing**Colonic Irrigation* *Electrolysis* |  | *Dry Needling**Waxing**Laser**Threading**Microdermabrasion* |  | *Manicure**Pedicure* *Facials**Eyelash Extensions**Temporary Makeup* |  | *Lash Lift* *Ear Piercing**Hairdressing**Other (please specify):* |
| **Pre-Application Fee** | **$198** |

**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*

**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\_\_\_\_\_\_\_\_\_\_\_\_**

✂---------------------------------------------------------------------------------------------------------------------------------------------------------------------

CASHIER CUT OFF

**LC PP/HLTH Cash / Cheque / EFTPOS**

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