******

File Number: EM.LC.2

Reference: \_\_\_\_\_\_\_\_

***Application for Approval of Plans for a Health-Related Premises* Notification/Registration Form**

**Proprietor/Business details**

|  |  |  |
| --- | --- | --- |
| Proprietor Name:  *(Full names or corporate name)* | | |
| Postal Address: | | |
| ABN: | | |
| Phone: | Mobile: | Fax: |
| Email: | | |

**Premises details**

|  |
| --- |
| Trading Name: |
| Address of Premises: |
| Phone: |
| Email: |
| Name of person in charge and title (if different from proprietor): |

**Please indicate the intended use of the premises**

*(Please tick* ***all*** *boxes that apply (there may be more than one)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Hairdresser  Beauty Therapist  Tattooist  Other |  | Electrolysis  Acupuncturist  Body Piercing |
|  |  |
| 🞏 |  |

**Brief description of activities:**

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

|  |  |  |
| --- | --- | --- |
| **PLEASE ENCLOSE SITE PLAN** *(Hand drawn is adequate).*  Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |