



RURAL CITY OF  
**WANGARATTA**

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**ABN 67 784 981 354**

*Section 71 Public Health and Wellbeing Act 2008  
Regulation 16 Public Health and Wellbeing Regulations 2009*

**APPLICATION FOR REGISTRATION OF REGISTERED PREMISES**

Please complete this form and provide it to the *Rural City of Wangaratta* together with the **registration fee** (as applicable):

**Business proprietor's name in full:** (if company, include ACN):

**Type of prescribed (business) premises:**

- Hairdressing  Application of temporary make up
- Manicures, pedicures, other nail treatments  Facial or body treatments
- Foot spa treatments  Hair removal by electrolysis or wax procedures
- Body piercing or other skin penetration.  Ear piercing  Tattooing  Colonic irrigation
- Permanent or semi-permanent make up (cosmetic tattooing)  Other (please specify)

**APPLICANT DETAILS**

**Business or Trading Name** (if different to proprietor's name):

**Proprietor's address:**

**Premises address** (if different to proprietor's address):

**Contact person (name):**

**Postal address:**

**Telephone:**

**Fax:**

**Email:**

**Signature of proprietor:**

**Date:**

Rural City of Wangaratta will only use the personal information you provide in or with this form for matters relating to our registration in accordance with the *Information Privacy Act 2001(Vic)*.

**Period of Registration: 1 January 2017 - 31 December 2017**

**Office Use Only**

Registration No:

Debtor No:

Receipt No:

Date of Registration:

Fee: \$

Renewal due: 31 December 2016

Conditions of registration:

**Registration fees are GST Exempt. TAX INVOICE (keep a copy for your records)**