



HEALTH PREMISES REGISTRATION FORM

About this form

This form is used for the regulation of Food Premises, Beauty Salons, Hairdressers, Skin Penetration premises, Places of Shared Accommodation and Mortuary. You may use this form to register a new business or to make changes to a registration for an existing health premises.

How to complete this form

1. Ensure that all fields have been filled out correctly.
2. Once completed you can submit this form by facsimile, mail or in person. Please refer to lodgement for further information.

PURPOSE OF LODGMENT

Please indicate for which purpose you are submitting this form by ticking one of the boxes below

New business <input type="checkbox"/>	Change of proprietor <input type="checkbox"/>	Change of trading name <input type="checkbox"/>
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TYPE OF BUSINESS

Please indicate the type of business to which your application relates by ticking the applicable box/es below

Food premises <input type="checkbox"/>	Hairdresser <input type="checkbox"/>	Place of shared accommodation <input type="checkbox"/>
Swimming Pool <input type="checkbox"/>	Skin Penetration <input type="checkbox"/>	Home Business <input type="checkbox"/>

PREMISES DETAILS

Trading Name:			
Address:			
Postal Address (if different from above):			
Business Contact Name:			
Business Contact Number:		Mobile Number:	
Trading Hours:			



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PROPRIETOR DETAILS

Proprietor Name:			
Company Name:			
ABN:			
Registered Address/Residential Address:			
Business Number:		Mobile Number:	
E-mail Address:			
Date of commencement of business operations:			

DECLARATION

I declare that all information supplied on this form is true and correct and there are necessary records and / or documentation to support this application form.			
Proprietor Name:			
Signature:		Date:	

INSTRUCTIONS FOR APPLICANTS

- Lodging an application requires a completed application form, all relevant information and the payment of the required fee.
- INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO YOU**
- Lodge in person – Inner West Council’s Customer Service Centre- see Council’s website for locations
 - Please note Applications must be lodged by 4.00pm.
 - Lodge by mail – Inner West Council – P O Box 14 Petersham NSW 2049
 - Lodge by Email – council@innerwest.nsw.gov.au
 - Application will be checked at lodgement to ensure the required information is provided
 - Payment – In person – cash, cheque, EFTPOS, credit card (0.75% charged on credit card payments; MasterCard and Visa only).
 - Payment – an Invoice will be issued once your application has been assessed. The current fee for this registration can be found on Councils website [Fees and charges - Inner West Council \(nsw.gov.au\)](http://www.innerwest.nsw.gov.au/fees-and-charges)

OFFICE USE ONLY

Date:	License No:	ECM No:
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PRIVACY NOTICE

Purpose of collection of information on this form: To register or modify a premises. **Intended recipients:** Council staff. **Supply of Information:** New and changes to existing health premises is required for the regulation of health premises. **Consequence of non-provision of information:** Failure to provide correct details may breach relevant regulations. **Storage of Document/Information:** Council’s record management system and archives