



## 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"/>
--------------	--------------------------	----------------------	--------------------------	------------------------	--------------------------

### 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"/>	Brothel	<input type="checkbox"/>

### PREMISES DETAILS

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



# INNER WEST COUNCIL

## 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](mailto: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 – By mail/Email – Cheque or complete the Credit Card Authorisation form – located on Council's website. Make cheque payable to Inner West Council.

## OFFICE USE ONLY

Date:	License No:	DWS No:
-------	-------------	---------

## 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.



# INNER WEST COUNCIL

## CREDIT CARD AUTHORISATION

How to complete this form;

1. Complete all fields ensuring that all mandatory fields marked with \* have been completed.
2. Review the information to ensure it has been entered correctly.
3. Once completed either email, post or fax to Inner West Council
4. Payment will not be processed unless all information is present, including if other relevant forms/documentation needs to be attached.

### CUSTOMER DETAILS

Surname*		Given Name/s*	
Company Name*			
Address*			
Home Number		Business Number	
Mobile		Fax Number	
Email			

Reason for Payment\* (If paying for multiple services, please itemise. If you are paying an invoice please state the Debtor ID and Invoice number)

### OFFICE USE ONLY

Application number or details			
Council Officer:		Date	
Receipt Number		Amount	\$

### CREDIT CARD DETAILS

Please note that an additional 0.8% merchant service fee will apply to all payment made by credit card.

Cardholders Name* (Please print in capital letters)																
Credit Card Details* (Visa and MasterCard only)	<input type="checkbox"/> Visa		<input type="checkbox"/> MasterCard													
CVC* (3 digit reference on the back of credit card)				Credit Card Expiry Date*												

### AUTHORISATION

I hereby authorise Inner West Council to debit my credit card in the amount of:*		\$
(Please specify the amount)		
Card Holders Signature*		
Date*		
Contact Telephone No.*		
Is a receipt needed? (Unless otherwise stated the receipt will be made out to the cardholders name)		