



Annual Registration Form

Health Premises

Health premises operating in the Kyogle Council area must be registered with Council. Please complete this form and return to Council with the applicable registration fee. Forms can be returned by:

1. email to council@kyogle.nsw.gov.au
2. post to PO Box 11, Kyogle NSW 2474
3. in person to Council's Administration Centre.

Payment information can be found on the back of this form.

PART A: Business contact information

Business name:		
Company name (if different from above):		
ABN:		
Proprietor/s:		
Business/Office address:		
Mailing address (if different from above):		
Contact phone numbers:	B:	M:
Email address:		

PART B: Description of business activities

1. Type of health premise:	
<input type="checkbox"/> Fixed commercial (i.e. your business operates from a single property/premise) <input type="checkbox"/> Home based business (i.e. your business operates from your home) <input type="checkbox"/> Mobile business (i.e. you travel to clients to provide services)	
2. How would you best describe the nature of your health premise (please tick all that apply):	
<input type="checkbox"/> Hairdressing salon/barber – no skin penetration <input type="checkbox"/> Hairdressing salon/barber – skin penetration <input type="checkbox"/> Beauty salon – no skin penetration <input type="checkbox"/> Beauty salon – skin penetration (i.e. waxing) <input type="checkbox"/> Health spa	<input type="checkbox"/> Acupuncture (not a registered health professional) <input type="checkbox"/> Cosmetic enhancements <input type="checkbox"/> Colonic lavage <input type="checkbox"/> Other (please describe): <hr/> <hr/> <hr/>

<input type="checkbox"/> Tattoo parlour <input type="checkbox"/> Body, nose and ear piercing <input type="checkbox"/> Mortuary	
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3. When does your health premise operate:	
<input type="checkbox"/> Monday – Time: _____ <input type="checkbox"/> Tuesday – Time: _____ <input type="checkbox"/> Wednesday – Time: _____ <input type="checkbox"/> Thursday – Time: _____ - _____ <input type="checkbox"/> Friday – Time: _____ <input type="checkbox"/> Saturday – Time: _____ - _____ <input type="checkbox"/> Sunday – Time: _____	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Other

PART C: Declaration

I wish to register my health premise with Kyogle Council. I understand that Council will conduct regular inspections of my premise to ensure it is compliant with the *Public Health Act 2010* and/or *Local Government Act 1993* as applicable. I understand that if my premise is assessed as not meeting public health and safety standards, Council is obligated to undertake regulatory action as necessary. I agree to pay all fees and charges issued by Council for the regulation of my health premise including inspections.

I declare that all information included on this form is true and accurate to the best of my knowledge. I agree to notify Council if any of the information provided on this form changes, as soon as possible.

Proprietor/s signature: _____ Date: _____

<p>Payment</p> <p>Payment can be made via direct bank deposit (see below account information) or credit card (0.6% surcharge applies). If paying by direct bank deposit please email remittance advice to council@kyogle.nsw.gov.au including your health premise name in the email title.</p> <p><i>Account name: Kyogle Council BSB: 062-563 Account number: 00000011</i></p>

<p>Office Use Only</p> <p>Record number: _____ Date lodged: _____ Fee Paid: _____ Receipt number: _____</p>

<p>Privacy</p> <p>Kyogle Council is collecting the information on this form for the purpose of regulating health premises in the Kyogle Council area under NSW legislation. The information will be used only for this purpose and will not be disclosed to another party except as required by law.</p>
