

Rec: _____
Date: _____

Public Health Act 1997
Section 105 & 110

Public Health Risk Activity (Operator)

Application for **Renewal of Licence** to Carry Out a Public Health Activity

Application for **Licence** to Carry Out a Public Health Activity (New Operator Only)

Applicant Details

Name of Applicant.....

Postal Address.....

Telephone Mobile Phone.....

Email.....

Activity Details

Trade Name of Premises.....

Address of Business.....

.....Postcode.....

Postal Address of correspondence.....

.....Postcode.....

Emergency contact

Telephone

Public health risk activity proposed to be conducted in these premises (tick as appropriate):

Ear Piercing

Tattooing

Body Piercing

Cosmetic Tattooing

Acupuncture

Fee, Signature and How to Pay

Fee for 2017/2018 Financial Year: **\$66.00**


Please pay registration fee when lodging your completed application form


Signature of applicant : Date :/...../.....

Name of applicant :

 **In Person**
Customer Service Centre,
Town Hall, St John Street, Launceston

 **By Phone**
Credit Card Payments
phone Customer Service on **03 6323 3000**

-  **By Mail**
- PO Box 396, Launceston TAS 7250.
- Cheques made payable to **City of Launceston**.

 **Internet**
Online Payments (renewals only)
www.launceston.tas.gov.au
Payments, Fees and Charges
Health Licence (Enter EHO number)
Email Application Forms
to contactus@launceston.tas.gov.au

Personal Information Protection Statement

As required under the *Personal Information Protection Act 2004*

1.	Personal information is managed in accordance with the <i>Personal Information Protection Act 2004</i> and may be accessed by the individual to whom it relates, on request to Launceston City Council.
2.	Information can be used for other purposes permitted by the Local Government Act 1993 and regulations made by or under that Act, and, if necessary, may be disclosed to other public sector bodies, agents or contractors of Launceston City Council, in accordance with Council's Personal Information Protection Policy (17-Plx-005).
3.	Failure to provide this information may result in your application not being able to be accepted or processed.

File No.					
EO		OD		Box	
Doc. No.					
Action Officer			Date Received		