

Rec: _____
Date: _____
EHP

Public Health Act 1997
Sections 96 & 101

Public Health Risk Activity – Registration of Premises

Application for **renewal of registration of premises** where a public health risk activity is carried out

Application for **registration of a new premises** where a public health risk activity is to be carried out

Applicant details

Name of business owner.....
Postal address.....
Telephone Mobile phone.....
Email.....

Activity details

Trade name of premises.....
Address of business
.....Postcode.....
Postal address for correspondence
.....Postcode.....
Emergency contact
Telephone

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

- | | |
|--|---|
| <input type="checkbox"/> Ear piercing | <input type="checkbox"/> Tattooing |
| <input type="checkbox"/> Body piercing | <input type="checkbox"/> Cosmetic tattooing |
| <input type="checkbox"/> Dry needling | |

Fees, how to pay and applicant signature

Please refer to our website for the current list of fees and charges
<https://www.launceston.tas.gov.au/Council/Payments-Fees-and-Charges>

An invoice will be emailed to the applicant once council has processed the application.

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

Name of applicant:

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		