## **Health Premises Registration**

Public Health Act 2010 and Local Government Act 1993



REFERENCE NUMBER:	Effective 1 July 2023 to 30 June 2024
DEFENENCE NUMBER.	Ellective 1 July 2023 to 30 Julie 2024

## ABOUT THIS FORM

Use this form to register various types of health premises with Randwick City Council. This form is to be completed and submitted to Council prior to operation of health premises or change of operator of the business.

SUBJECT PREMISES							
Business/Trading Name:	Business Ph No:						
Unit/Street No:	Street:						
Suburb:	Post Code:						
Company Name:	ABN:						
DETAILS OF BUSINESS OWNER/OPERATOR							
Title:	☐ Mrs ☐ Ms ☐ Other:						
Name:							
Postal Address:							
Suburb:	Post Code:						
Email:							
	Mobile:						
Signature:	Date:						
TYPE OF HEALTH PREMISES	(Please tick all relevant services/systems)						
☐ Hairdressing salon	Skin penetration (includes ear or body piercing, waxing, tattooist etc.)						
☐ Beauty salon	☐ Waste water re-use systems (including grey water systems)						
☐ Cooling tower/s	☐ Warm-water systems (i.e. in aged care facilities)						
☐ Nail technician	☐ Brothel or other sexual service						
☐ Public swimming pool	Other						

Phone 1300 722 542 council@randwick.nsw.gov.au www.randwick.nsw.gov.au

DEVELOPMENT CONSENT OR COMPLYING DEVELOPMENT CERTIFICATE DETAILS (where applicable)					
Application Number:			Date of Issue:		
DETAILS OF TRADE WA	ASTE (GARBAGE) SERVICE				
Contractor's Name:			Phone No:		
Contractor's Address:					
NOTES					
Inspection of premises:					
	Ith Officers may carry out inspectior ents and standards. After carrying c icing Policy.				
Health & Safety Requirement	s:				
	nd activities must comply with the re relevant Australian Standards at all		rements of the <i>Public Health</i> A	Act 2010, Public	
Failure to comply with these r penalty notice.	equirements is an offence, which m	ay result in	the issue of a notice, court pro	oceedings or	
Registration with Council:					
	ning a 'cooling tower', 'warm-water s ance contractor and relevant certific				
FEES					
There is no fee to register you	ur health business with Council. Ho in accordance with the <i>Public Healt</i>				
HOW TO LODGE THIS A	APPLICATION				
EMAIL: council@randwick.					
BY MAIL OR					
<b>OVER THE COUNTER</b> at Co	ouncil.				
Address the Application to:	Randwick City Council	Post: DX:	30 Frances Street, Randwic DX 4121 Maroubra Junction		
Courier or Personal Delivery	to our Customer Service Centre:				
Randwick City Council 30 Frances Street	o our Gustamor Gornigo Gorniae.				
Open 8:30am – 5:00pm, Mon	day - Friday				
PRIVACY NOTIFICATIO	N				
connection with the requirements of t	is form are required under the <i>Public Health</i> has legislation. Access to this information is reacy that holds the information. You may make syour personal information from a public reg	estricted to Cou e application fo	uncil officers and other people authori	sed under the Act.	
OFFICE USE ONLY					
Application/Request received by:			Date:		

HEALTH PREMISES REGISTRATION D00244032 PAGE **2/2** 

Date:

Referred to: