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| Submitting Plans for comment - Food, Health or  Prescribed Accommodation Premises  Public Health and Wellbeing Act 2008  Food Act 1984 | |  |  |  |  | | --- | --- | --- | --- | | Council Use Only | | | | | Application Number :- |  |  |  | |  |  |  |  | | Application Date:- |  |  |  | |  |  |  |  | | Ledger Number:- |  | N/A |  | |  |  |  |  | |

Fields marked with an asterisk (**\***) are mandatory and must be completed

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| **COUNCIL SPECIFIC INFORMATION** | | | |
| Mount Alexander Shire Council  Phone: 61 03 5471 1700 | | | |
| **BUSINESS TYPE** | | | |
| Please select the type of business premises **\***  Food Premises  Health Premises  Accommodation Premises | | | |
| Health Premises Details | | | |
| Beauty therapy | Hairdressing | | Colonic irrigation |
| Skin penetration | Tattooing | | Other, please specify  Click here to enter text. |
| Is the business a Mobile Health Premises ?**\***  *Note: Mobile personal care and body art businesses that conduct skin penetration are not permitted.*  If you are a mobile hairdresser or a mobile beauty therapist, please register your primary place of business | | | |
| Prescribed Accommodation Details | | | |
| Please detail the type of accommodation **\*** Motel/hotel, holiday camp, hostel, residential accommodation, rooming house, student dormitory or other (please specify) | | Click here to enter text. | |
| Maximum number of guests accommodated **\***  Enter number of guests. | | Number of Rooms Enter number of rooms | |
| Note: If you provide Rooming House Accommodation for three or less people you do not need to proceed with this application. If you provide any other types of prescribed accommodation for five or less people you do not need to proceed with this application. | | | |
| Food Premises Details | | | |
| Please provide details of the Food Act classification of your existing and/or proposed food handling activities**\*** | | | |
| Class 1 | Class 2 | | Class 3 |
| Is the business a Mobile Food Premises ?**\***  *Note: for information on Food Act classifications please contact the healthy Environments Department*  If you are a mobile food premises or food stall, please register your primary place of business. | | | |

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| **PREMISES DETAILS** | |
| Current Trading Name: Trading Name.  Unit No:**\*** Unit Number. Street No: Street number. Street Name: Street name.  Suburb / Town \* Click here to enter text. State: Click here to enter text. Postcode: Postcode  Primary Language Spoken at Premises (to assist with communication in the future) Click here to enter text. | |
| **CONTACT FOR THIS APPLICATION** | |
| Title: Click here to enter text. Last Name: Click here to enter text. Given name: Click here to enter text.  Other Names: Click here to enter text. Company Name: Click here to enter text.  Preferred mailing address:  Unit No: Click here to enter text.Street No: Click here to enter text.Street Name: Click here to enter text.  Suburb / Town **\*** State: Click here to enter text. Postcode: Click here to enter text.  Please provide at least one phone number and include the area code  Bus Phone: Click here to enter text.Home Phone: Click here to enter text.Mobile: Click here to enter text.  Fax: Click here to enter text. Email: Click here to enter text. | |
| PROPRIETOR DETAILS | |
| Complete the details below for each proprietor  **Proprietor 1** -  Same as the contact of this application  Title: Click here to enter text. Last Name: Click here to enter text. Given name: Click here to enter text.  ABN: Click here to enter text. ACN: Click here to enter text.  Business Name: Click here to enter text. Company Name: Click here to enter text.  Address:  PO Box  GPO Box  Private Bag  Locked Bag  RMB RSD  Street Address/Postal Address**\*** Click here to enter text.  Suburb/Town**\*** Click here to enter text. State Click here to enter text. Postcode Click here to enter text.  Please provide at least one phone number and include the area code  Bus Phone: Click here to enter text. Home Phone: Click here to enter text. Mobile: Click here to enter text.  Fax: Click here to enter text. Email: Click here to enter text.  **Proprietor 2** (If applicable)  Title: Click here to enter text. Last Name: Click here to enter text. Given name: Click here to enter text.  ABN: Click here to enter text. ACN: Click here to enter text.  Business Name: Click here to enter text. Company Name: Click here to enter text.  Address:  PO Box  GPO Box  Private Bag  Locked Bag  RMB  RSD  Street Address/Postal Address**\*** Click here to enter text.  Suburb/Town\* Click here to enter text. State Click here to enter text. Postcode Postcode  Please provide at least one phone number and include the area code  Bus Phone: Click here to enter text. Home Phone: Click here to enter text. Mobile: Click here to enter text.  Fax: Click here to enter text. Email: Click here to enter text. | |
| **WHAT KIND OF PLANS** | |
| Please indicate the kind of works you plan to undertake  Constructing new premises Describe Premises type.  Altering existing premises Describe Premises type.  Fitting out existing premises Describe Premises type.  Proposed Opening Date **\*** Click here to enter a date. Total Cost of Works \* Click here to enter text.  Total Floor Area (m2) Click here to enter text. | |
| **PAYMENT DETAILS** | |
| No payment required. | |
| **ACKNOWLEDGEMENT** | |
| By marking this checkbox I confirm that I have read and understood all the statements above**\***  Name of person completing this application **\*** Click here to enter text.Date Click here to enter a date.  Signature of person completing this application**\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **PRIVACY STATEMENT** | |
| The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: <http://www.mountalexander.vic.gov.au/Page/Page.asp?Page_Id=126&h=1> | |
| **LODGEMENT** | |
| If you intend to post or fax this form please use the details provided below: | |
| Mount Alexander Shire Council  PO Box 185  CASTLEMAINE VIC 3450 | Telephone: 03 5471 1700  Fax: 03 5471 1749  Email: [info@mountalexander.vic.gov.au](mailto:info@mountalexander.vic.gov.au)  Website: [www.mountalexander.vic.gov.au](http://www.mountalexander.vic.gov.au) |