



# REGULATED HEALTH PREMISES REGISTRATION APPLICATION FORM

DISCLAIMER: The information provided by you on this form will be used by the City of Parramatta Council or its agents to process this application. Once collected by Council, the information can be accessed by you in accordance with Council's Access to Information Policy and Privacy Management Plan or in special circumstances, where Commonwealth legislation requires or where you give permission for third party access.

NOTE: **A service fee applies to inspections of regulated premises.** All fees and charges are reviewed annually under Council's management plan and can be viewed at [www.parracity.nsw.gov.au](http://www.parracity.nsw.gov.au).

## PART 1: PREMISES DETAILS

TRADING NAME

SHOP NUMBER

BUILDING/ARCADE

<input type="text"/>	<input type="text"/>
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ADDRESS

POSTAL ADDRESS (IF DIFFERENT FROM ABOVE)

PHONE NUMBER

## PART 2: PROPRIETOR DETAILS

PROPRIETOR/COMPANY NAME

ABN / ACN NUMBER

<input type="text"/>	<input type="text"/>
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DIRECTOR NAME/S

REGISTERED COMPANY ADDRESS

RESIDENTIAL ADDRESS

NOTE: BEFORE THIS APPLICATION CAN BE LODGED AT LEAST ONE OF THE MODES OF CONTACT BELOW MUST BE SUPPLIED.

RESIDENTIAL TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

<input type="text"/>	<input type="text"/>
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EMAIL ADDRESS

CONTACT PERSON (IF DIFFERENT FROM ABOVE)

POSITION

<input type="text"/>	<input type="text"/>
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DATE ON WHICH CHANGES WILL TAKE EFFECT/DATE OF COMMENCEMENT OF BUSINESS (WHICHEVER IS APPLICABLE)

PLEASE INDICATE FOR WHICH PURPOSE YOU ARE SUBMITTING THIS FORM BY TICKING ONE OF THE BOXES BELOW

- NEW PREMISES                       CHANGE OF PROPRIETOR                       CHANGE OF TRADING NAME  
 CEASED TO EXIST                       CEASED TO TRADE                       OTHER

IF YOU TICKED 'OTHER' PLEASE PROVIDE DETAILS IN THE BOX BELOW

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PLEASE INDICATE THE TYPE OF BUSINESS TO WHICH YOUR APPLICATION RELATES BY TICKING THE APPLICABLE BOX/ES AND INCLUDE FURTHER INFORMATION BELOW AS REQUIRED

- FOOD PREMISES/STALL                       BEAUTY SALON                       SWIMMING AND/OR SPA POOL  
 HAIRDRESSER                       SKIN PENETRATION\*  
 COOLING TOWER/SYSTEM TYPE\*                       MOBILE FOOD VEHICLE#

#APPLICATION REQUIRED UNDER SECTION 68 OF THE LOCAL GOVERNMENT ACT 1993 IF TRADING ON PUBLIC LAND

\*PROCEDURES ARE DEFINED UNDER THE PUBLIC HEALTH (SKIN PENETRATION) REGULATION 2012

NUMBER OF COOLING TOWER/WARM WATER UNITS      TYPE OF SKIN PENETRATION PROCEDURE/S

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TYPE & NUMBER OF SWIMMING POOL/SPA      MOBILE FOOD VEHICLE REGISTRATION

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### PART 3: DEVELOPMENT CONSENT

IF DEVELOPMENT CONSENT IS REQUIRED OR YOU ARE UNSURE IF THE SITE HAS AN EXISTING APPROVAL, PLEASE CONTACT THE DEVELOPMENT CUSTOMER SERVICE CENTRE ON 02 9806 5524. REGISTRATION DOES NOT CONSTITUTE DEVELOPMENT CONSENT.

HAS DEVELOPMENT CONSENT BEEN GRANTED FOR THE ABOVE USE?                      YES                                            NO                     

**DA NUMBER**

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HAS A CONSTRUCTION CERTIFICATE (CC) BEEN ISSUED FOR THE PREMISES FIT-OUT?      YES                                            NO                     

**CC NUMBER**

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### PART 4: LODGEMENT DETAILS

YOU CAN LODGE THE COMPLETED APPLICATION BY:

**MAIL:**                      CITY OF PARRAMATTA, PO Box 32, PARRAMATTA NSW 2150

**IN PERSON:**                      126 CHURCH STREET, PARRAMATTA  
MONDAY-FRIDAY, 8.30AM – 5.00PM

**EMAIL:**                      COUNCIL@PARRACITY.NSW.GOV.AU

**WHAT NOW:**

ONCE YOUR APPLICATION IS RECEIVED A COUNCIL OFFICER WILL CONTACT YOU IF FURTHER INFORMATION IS REQUIRED. FOR FURTHER INFORMATION REGARDING YOUR APPLICATION PLEASE CONTACT US BY TELEPHONE ON 02 9806 5000 OR VISIT OUR WEBSITE: WWW.PARRACITY.NSW.GOV.AU.

### PART 5: APPLICANT DECLARATION

I DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE AND CORRECT.

PROPRIETOR NAME                      PROPRIETOR SIGNATURE                      DATE

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**OFFICE USE ONLY**

- NEW ACTIVITY                       EXISTING PREMISES, PREVIOUS REGISTRATION                       VEHICLE/PREMISES REPORT ATTACHED?  
FILE NUMBER                       NEW CITY OF PARRAMATTA AREA                      DATE

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