



REGULATED HEALTH PREMISES REGISTRATION APPLICATION FORM

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

- | | | |
|--|---|---|
| <input type="checkbox"/> NEW PREMISES | <input type="checkbox"/> CHANGE OF PROPRIETOR | <input type="checkbox"/> CHANGE OF TRADING NAME |
| <input type="checkbox"/> CEASED TO EXIST | <input type="checkbox"/> CEASED TO TRADE | <input type="checkbox"/> OTHER |

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

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

- | | |
|--|--|
| <input type="checkbox"/> FOOD PREMISES | <input type="checkbox"/> SMALL SIZED (5 OR LESS EQUIVALENT FULL TIME FOOD HANDLERS) |
| | <input type="checkbox"/> MEDIUM SIZED (6-50 EQUIVALENT FULL TIME FOOD HANDLERS) |
| | <input type="checkbox"/> LARGE SIZED (51 OR MORE EQUIVALENT FULL TIME FOOD HANDLERS) |

- BEAUTY SALON
 SWIMMING AND/OR SPA POOL
 HAIRDRESSER
 SKIN PENETRATION*
 COOLING TOWER/WARM WATER SYSTEM *
 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

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.CITYOFPARRAMATTA.NSW.GOV.AU.

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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WHERE IS YOUR MOBILE FOOD VEHICLE GARAGED OVERNIGHT? (PLEASE PROVIDE FULL ADDRESS)

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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: PRIVACY & PERSONAL INFORMATION PROTECTION NOTICE

- PURPOSE OF COLLECTION:** COUNCIL IS COLLECTING YOUR PERSONAL INFORMATION IN ORDER TO ENABLE COUNCIL TO ASSESS AND DETERMINE YOUR APPLICATION.
- INTENDED RECIPIENTS:** THE INTENDED RECIPIENT OF THE INFORMATION IS CITY OF PARRAMATTA COUNCIL.
- SUPPLY:** WHILE THE SUPPLY OF THIS INFORMATION IS COMPULSORY, THE PERSONAL INFORMATION YOU PROVIDE WILL ENABLE COUNCIL TO MEET ITS STATUTORY REQUIREMENTS.
- ACCESS/CORRECTION:** THE PERSONAL INFORMATION CAN BE ACCESSED BY YOU AND MAY ALSO BE AVAILABLE TO THIRD PARTIES IN ACCORDANCE WITH CITY OF PARRAMATTA'S ACCESS TO INFORMATION POLICY AND PRIVACY MANAGEMENT PLAN. YOUR PERSONAL INFORMATION MAY BE DISCLOSED TO THIRD PARTIES FOR THE PURPOSE OF COMPLYING WITH THE APPLICABLE LEGISLATION. YOU MAY MAKE AN APPLICATION FOR ACCESS OR AMENDMENT TO PERSONAL INFORMATION HELD BY COUNCIL. COUNCIL WILL CONSIDER ANY SUCH APPLICATION IN ACCORDANCE WITH THE *PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 1998*.
- STORAGE:** COUNCIL IS THE AGENCY THAT HOLDS THE PERSONAL INFORMATION. COUNCIL MAY BE CONTACTED ON 9806 5050 OR AT 126 CHURCH STREET, PARRAMATTA NSW 2150.

PART 5: LODGEMENT DETAILS

YOU CAN LODGE THE COMPLETED APPLICATION BY:

- EMAIL:** COUNCIL@CITYOFPARRAMATTA.NSW.GOV.AU
- MAIL:** CITY OF PARRAMATTA, PO Box 32, PARRAMATTA NSW 2150
- IN PERSON:** 126 CHURCH STREET, PARRAMATTA
MONDAY-FRIDAY, 8.30AM – 5.00PM

FOR FURTHER INFORMATION REGARDING YOUR APPLICATION PLEASE CONTACT US BY TELEPHONE ON 02 9806 5050 OR VISIT OUR WEBSITE: WWW.CITYOFPARRAMATTA.NSW.GOV.AU.

PART 6: 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 DATE

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