



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 TELEPHONE CONTACTS BELOW MUST BE SUPPLIED.

COUNCIL IS TRANSITIONING TO DIGITAL INSPECTIONS, FOR REPORTS TO BE SUPPLIED YOU ARE REQUIRED TO PROVIDE A CURRENT EMAIL ADDRESS. IF AN EMAIL ADDRESS IS NOT SUPPLIED, A PROCESSING SERVICE FEE MAY BE APPLIED.

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

