**Pre-Registration Assessment Application for a Personal Care and Body Art Premises**

Thank you for your enquiry regarding setting up a business within City of Greater Dandenong. To assist you in understanding the requirements to register a premises within the City of Greater Dandenong please visit Council’s website [www.greaterdandenong.vic.gov.au](http://www.greaterdandenong.vic.gov.au/)

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| **Before you apply** |  | **Yes** |  | **No** |
| Have you spoken to Council’s Better Approval’s Team? | |  |  |  |
| Do you require a planning permit? | |  |  |  |
| Do you require a building permit? | |  |  |  |

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| **Section 1 - Business Details** | | | | | | | | | | | | | | | | | | | | |
| **Trading Name** | | | | | | | |  | | | | | | | | | | | | |
| **Address of Premises** | | | | | | | | | | | | | | | | | | | | |
| **Unit No** | | |  | | | | | | | | **Street No** | | |  | | | | | | |
| **Street Name** | | | | | |  | | | | | | | | | | **Suburb** |  | | **Postcode** |  |
| **Phone** | | | | | |  | | | | | | | | | | **Mobile** |  | | | |
| **Email** | | | | | | |  | | | | | | | | | | | | | |
| **Section 2 - Proprietors Details** | | | | | | | | | | | | | | | | | | | | |
| **Proprietor Name (Full Name/Company Name)** | | | | | | | | | | | | | | |  | | | | | |
| **ABN / ACN** | | | | |  | | | | | | | | | | | | | | | |
| **If Company, provide Contact Person’s Name** | | | | | | | | | | | | | | | |  | | | | |
| **Postal Address** | | | | | | | | | | | | | | | | | | | | |
| **Unit No** |  | | | | | | | | | | **Street No** | |  | | | | | | | |
| **Street Name** | | | | | | |  | | | | | | | | | **Suburb** |  | | **Postcode** |  |
| **Phone** | | | | | | |  | | | | | | | | | **Mobile** |  | | | |
| **Email** | | | | | | |  | | | | | | | | | **Primary Language spoken** | |  | | |
| **Section 3 - Details of Site Manager or Person Delegated by Proprietor *(if different from Proprietor)*** | | | | | | | | | | | | | | | | | | | | |
| **Full Name** *(person’s name)* | | | | | | | | |  | | | | | | | | | | | |
| **Position** | |  | |  | | | Manager | | |  | | Other *(please specify)* | | | | | | | | |
| **Phone** | | | | | | |  | | | | | | | | | **Mobile** |  | | | |
| **Email** | | | | | | |  | | | | | | | | | **Primary Language spoken** | |  | | |

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| **Section 4 – Floor Plan** | | | | | | | | | | | | | |
| This service incorporates the assessment of plans, onsite progress and final inspections. Council strongly recommends that you submit plans before applying for registration. This will assist in approving your registration efficiently by ensuring that the premises complies with relevant standards and to minimise the risk of having to undertake costly remedial work. | | | | | | | | | | | | | |
| Will you be making structural alterations or changes to the layout of the business? | | | | | | | | | | | | | |
|  | | | | |  | Yes | | | |  | No | | |
| If yes, please describe the structural changes: | | | | | | | | | | | | | |
| **Please attach a copy of the floor plan, drawings should be of a scale not less than 1:100 and include**   1. The layout of the premises including all fittings and equipment in the premises 2. Location of hand wash basins, sinks for cleaning equipment, hair wash basins etc. 3. A description of each treatment room that details what procedures will be performed 4. A description of materials to be used for the surface finishes including walls, floors, ceiling, etc. 5. Location of waste disposal area, storage area, toilet and cleaner sink | | | | | | | | | | | | | |
| **Home Occupation** | | | | | | | | | | | | | |
| Is this a home-based business? | | | | |  | | Yes | |  | | | No | |
| If yes, | | | | | | | | | | | | | |
| Do you live in the house at the address of the business? | | | | |  | | Yes | |  | | | No | |
| Do you own or rent the house at the address of business? | | | | |  | | Own | |  | | | Rent | |
| How many staff will work at the business? | | | | |  | | | | | | | | |
| Size of dwelling: | | | | | | | | | | | | | |
| Number of Bedrooms | 1 | 2 | 3 | 4 | 5 | Greater than 5 | | | | | | | |
| Number of Bathrooms | 1 | 2 | 3 | 4 | 5 | Greater than 5 | | | | | | | |
| Number of living rooms (lounge/dining) | 1 | 2 | 3 | 4 | 5 | Greater than 5 | | | | | | | |
| Garage | | | | |  | Yes | |  | | | | | No |
| List the rooms you will be using for your business and describe how each room will be used:  For example garage and bedroom 1 will be used for treatments. | | | | | | | | | | | | | |

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| **Section 5 – Business Experience** | | | | | | | | |
| Do you have previous experience in the operation of a personal care and body art business? | | | | | | | | |
|  | |  | | Yes |  | | | No |
| How many years have you worked in a personal care and body art business? | | | | | | | | |
| Have you completed any training courses? |  | | Yes | | |  | No | |
| If yes, please attach a certificate of participation and /or accreditation | | | | | | | | |
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| **Section 6 – Hours of Operation** | | | | | | | | | | | | | | |
| Monday | | | Open | |  | | | | | Close |  | | | |
| Tuesday | | | Open | |  | | | | | Close |  | | | |
| Wednesday | | | Open | |  | | | | | Close |  | | | |
| Thursday | | | Open | |  | | | | | Close |  | | | |
| Friday | | | Open | |  | | | | | Close |  | | | |
| Saturday | | | Open | |  | | | | | Close |  | | | |
| Sunday | | | Open | |  | | | | | Close |  | | | |
| Public Holidays | | | Open | |  | | | | | Close |  | | | |
| **Section 7 – Personal Care and Body Art Procedures** | | | | | | | | | | | | | | |
| **Type of Business** | | | | ***(tick all that apply)*** | | | | | | | | | | |
| Body Piercing | | | | | |  |  | Hairdressing | | | | | |  |
| Body Treatments | | | | | |  |  | Hair Extensions | | | | | |  |
| Colonic Irrigation | | | | | |  |  | Henna Tattoos | | | | | |  |
| Cosmetic Tattooing | | | | | |  |  | Laser Treatment | | | | | |  |
| Dermabrasion | | | | | |  |  | Manicure / Pedicure | | | | | |  |
| Dry Needling/Acupuncture | | | | | |  |  | Spray Tan | | | | | |  |
| Ear Piercing | | | | | |  |  | Tattooing | | | | | |  |
| Electrolysis | | | | | |  |  | Temporary Make Up | | | | | |  |
| Facials | | | | | |  |  | Threading | | | | | |  |
| Eyelash Extensions | | | | | |  |  | Waxing | | | | | |  |
| Other (please describe): | | | | | | | | | | | | | |  |
| **Section 8 - Declaration** | | | | | | | | | | | | | | |
| I, |  | | | | | | | | making this application declare that | | | | | |
| the information contained in this application is true and correct in every particular on behalf of | | | | | | | | | | | | | | |
|  |  | | | | | | | | (organisation name of business) | | | | | |
| Signature | |  | | | | | | | | | | Date |  | |
| **What’s Next?** | | | | | | | | | | | | | | |
| Once you have lodged your application, an Environmental Health Officer will contact you to discuss your new  business. During construction, you will need to contact the Public Health Unit to arrange progress inspections.  These inspections will assess compliance with the requirements of the Public Health and Wellbeing Act.  **On completion of the fit out a final inspection will be conducted.** | | | | | | | | | | | | | | |

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| **Return the Pre-registration form to:** |
| 1. EmailEnvelope**Complete and email signed Pre-registration form to** [council@cgd.vic.gov.a](mailto:council@cgd.vic.gov.a)u 2. **Mail**   Post completed & signed formto:  City of Greater Dandenong  PO BOX 200, Dandenong VIC 3175   1. User**In Person:** Visit a City of Greater Dandenong customer service centre and hand in completed form.   **Dandenong:** 225 Lonsdale Street, Dandenong  **Springvale:** 397-405 Springvale Road, Springvale  **Parkmore:** Shop A7, Parkmore Shopping Centre  Cheltenham Road Keysborough |

We respect your privacy. We will not sell or give away your personal information, unless required by law. Occasionally, we may use your details for our own research purposes or to let you know about other Council information. If you want to see your personal data, modify your details, or if you receive information from us you do not want in the future please contact Council on 8571 1000.



***Privacy and your personal information* -** Council is collecting this information for the purpose of considering your application for Registration in accordance with the *Public Health and Wellbeing Act 2008* and to forward to you relevant information. The information will not be disclosed except as required by law. It may be provided to the Department of Health for the same purpose, and for statistical purposes related to the application of this Act. It will be treated in accordance with the Department of Health Information Privacy Principles and the Privacy and Data Protection Act 2014. If you fail to provide this information your application may not be able to be processed. You may access this personal information by contacting Council on 8571 1000.

