



**Submitting Plans for Health or Prescribed Accommodation Premises**  
Public Health and Wellbeing Act 2008

**Moyne Shire Council**  
Tel: 03 5568 0555  
[www.moyne.vic.gov.au](http://www.moyne.vic.gov.au)

Council Use Only	
Application Date :-	<input type="text"/>
Document ID:-	<input type="text"/>
Application Number:-	<input type="text"/>

### Council Specific Information

Please use this form to apply to Moyne Shire Council for approval of plans (renovations, redevelopments etc) for your health related premise. Please note you do not have approval to proceed with the plans until Council has approved the plans.

**Please Note: This form is not an application for registration of premises under the Public Health and Wellbeing Act 2008.**

### Business Type

Please select the type of business premises

Health Premises   
e.g. tattooing, hairdressing

Prescribed Accommodation   
e.g. hotel, bed and breakfast, rooming house

### Premises Details

**Current Trading Name:**

Unit No:

Street No:

Street Name

Suburb / Town

State

Postcode

Primary Language Spoken at Premises *(to assist with communication in the future)*

### Prescribed Accommodation Details (if applicable)

Please detail the type of accommodation - Motel/hotel, holiday camp, hostel, residential accommodation, rooming house, student dormitory or other (please specify)

Maximum number of guest accommodated

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.

## Health Premises Details (if applicable)

Please choose the business activity that your business conducts (Please select all those that apply):

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Beauty therapy   | <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Colonic irrigation           |
| <input type="checkbox"/> Skin penetration | <input type="checkbox"/> Tattooing    | <input type="checkbox"/> Other (please specify below) |

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Is the business a Mobile Health Premises?

Yes

No

*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

Description how the premises will be / is used for e.g. body piercing and facials

## Contact for this Application

### Contact

Title	Surname	Given Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Preferred mailing address

Street Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone	After hours phone	Business Fax	Mobile
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>

Email

## Proprietor Details

Complete the details for each proprietor.

Same as contact for this application

### Proprietor

*(If there is more than one proprietor of the business, complete details for each below)*

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
ABN	ACN	
<input type="text"/>	<input type="text"/>	

Business Name	Company Name
<input type="text"/>	<input type="text"/>

### Address

Street Address/ Postal Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

### Proprietor 2 (if applicable)

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
ABN	ACN	
<input type="text"/>	<input type="text"/>	

Business Name	Company Name
<input type="text"/>	<input type="text"/>

### Address

Street Address/ Postal Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

## What kind of plans

Please indicate the kind of works you plan to undertake.

Constructing new premises

Altering existing premises

Fitting out existing premises

Proposed Opening Date

Total Cost of Works

Total Floor Area (m2)

## Supporting documents you need to provide with this application

**Health/Accommodation Premises Floor Plans**

Plans of the premises layout, at least A4 size, showing every part of the premises and the layout of all fixtures, fittings, equipment and furniture. Indicate the use of each room. Include on the plans construction specifications describing the materials to be used.  
Quantity required: 2

**Additional information as requested by Council**

If you have discussed this application with Council prior to delivering the application to Council, Council may request additional information based upon the nature of the application.  
Quantity required: 1

## Payment Details

There is no fee at this stage for Council to approve plans for your health premises. The fee will be deferred and included in final registration fee.

## Acknowledgment

By marking this checkbox I confirm that I have read and understood all the statements above

Name of person completing this application

Date

Signature of person completing this application

## Privacy Statement

The personal information on this form is required by Council for Submitting Plans for a Health/Prescribed Accommodation Premises under the Public Health and Wellbeing Act 2008. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend your personal information at any time.

## Lodgement

Lodge the completed and signed form and all documents with:

Moyne Shire Council  
PO Box 51  
PORT FAIRY VIC 3284

Telephone: 03 5568 0555

Fax: 03 5568 2515

Email: [moyne@moyne.vic.gov.au](mailto:moyne@moyne.vic.gov.au)

Website: [www.moyne.vic.gov.au](http://www.moyne.vic.gov.au)