****

|  |  |
| --- | --- |
| **Colac Service Centre**2-6 Rae St, Colac, Vic 3250**Apollo Bay Service Centre**69 Nelson St, Apollo Bay, Vic 3233PH: 03 5232 9400 Fax: 03 5232 9586  | Colac-Otway Shire PO Box 283COLAC VIC 3250Email: inq@colacotway.vic.gov.au  |

**APPLICATION FORM – PUBLIC HEALTH AND WELLBEING ACT PREMISES**

Please complete and return this application to Colac Otway Shire Health Protection Unit,

 2-6 Rae Street (PO Box 283) Colac 3250, together with premise plans (optional).

Premises Plans to be sent electronically to hpu@colacotway.vic.gov.au (preferably)

**DETAIL SELECTION**:

|  |  |  |
| --- | --- | --- |
| Applicants Name  | Given name:  | Surname: |
| Applicants Postal Address |  |
| Suburb: | Postcode: |
| Trading name of Business |  |
| Address of Premises |  |
| Suburb: | Postcode: |
| Contact Details | Phone: | Mobile: |
| Email: | ABN: |

**Applicants Involvement:** Proprietor Builder Architect Other )please specify)…………………

|  |  |
| --- | --- |
| **Proprietor OR Company name**(If company please provide certificate of incorporation) |  |

***TYPE OF PREMISES:***

Hairdressing Beauty Therapy Skin Penetration

Colonic Irrigation  Tattooing Prescribed Business

Other (please specify)……………………………………………………..

**OTHER PERMITS**

Building and/or Planning permits maybe required for your proposed premises, please ensure you obtain relevant permits prior to commencement of any works. Requirements under other legislation may also be required i.e. local water authority for installation of a grease trap.

*Applicants must make their own enquiries with the relevant bodies.*

**SIGNATURE**

**Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The signing office must state his/her position of authority in the case of a corporate or unincorporated body of persons, (eg. Company or Partnership).

POSITION: ­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_/ \_\_\_\_\_/ \_\_\_\_\_

**PREMISES PLANS**

You should submit a copy of the premises plans on A3 or A4 size paper, showing the following items:

* The use of each area of the premises;
* The location of all fittings, hand basins, sinks and equipment;
* Location of the floor waste drain/s, cleaners sink and grease trap;
* Indicate the nature of the work processes to be carried out in EACH PART of the food premises/vehicle (i.e. storage, preparation, wash-up areas);
* Details of floors, walls, ceilings, fittings and their finishes; and
* Provide specifications on the Mechanical Exhaust System.

The submission of this application with floor plans for assessment may facilitate the ease of compliance with regulatory requirements, preventing delays in commencement. Prior to opening your food business, you will require at least one inspection, to ensure your premises adheres to food safety legislation.

Should you have any concerns, please contact the Health Protection Unit on 03 5232 9400.

**PRIVACY STATEMENT**

Council collects the personal information on this form so that it may register your premises in accordance with The Food Act 1984. This personal information is used by Council and may be disclosed to the Department of Health (vic) in connection with the administration and enforcement of The Food Act 1984 / Public Health & Wellbeing Act 2008, but will not be disclosed to anyone else unless required to by law. Access and correction of this personal information can be made via the Health Protection Unit on 03 5232 9400.

To view Council’s privacy policy, please either visit Council’s offices or go to: [www.colacotway.vic.gov.au](http://www.colacotway.vic.gov.au)