



# REGULATED HEALTH PREMISES REGISTRATION APPLICATION FORM

DISCLAIMER: The information provided by you on this form will be used by Junee Shire Council or its agents to process this application. Once collected by Council, the information can be accessed by you in accordance with the *Government Information (Public Access) Act 2009 (NSW)* or in special circumstances, where Commonwealth legislation requires or where you give permission for third party access.

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.juneenew.gov.au](http://www.juneenew.gov.au).

## PART 1: PREMISES DETAILS

TRADING NAME

SHOP NUMBER

BUILDING/ARCADE

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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"/>
----------------------	----------------------

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"/>
----------------------	----------------------

EMAIL ADDRESS

CONTACT PERSON (IF DIFFERENT FROM ABOVE)      POSITION

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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) |   |
| <input type="checkbox"/> BEAUTY SALON      | <input type="checkbox"/> SWIMMING AND/OR SPA POOL                                    | <input type="checkbox"/> HAIRDRESSER          |
| <input type="checkbox"/> SKIN PENETRATION* | <input type="checkbox"/> COOLING TOWER/WARM WATER SYSTEM *                           | <input type="checkbox"/> 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

NUMBER OF COOLING TOWER/WARM WATER UNITS	TYPE OF SKIN PENETRATION PROCEDURE/S
<input type="text"/>	<input type="text"/>

TYPE & NUMBER OF SWIMMING POOL/SPA	MOBILE FOOD VEHICLE REGISTRATION
<input type="text"/>	<input type="text"/>

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

**PART 3: DEVELOPMENT CONSENT**

IF DEVELOPMENT CONSENT IS REQUIRED OR YOU ARE UNSURE IF THE SITE HAS AN EXISTING APPROVAL, PLEASE CONTACT THE PLANNING DEPARTMENT ON 69248100. REGISTRATION DOES NOT CONSTITUTE DEVELOPMENT CONSENT.

HAS DEVELOPMENT CONSENT BEEN GRANTED FOR THE ABOVE USE?      Yes            No     

**DA NUMBER**

HAS A CONSTRUCTION CERTIFICATE (CC) BEEN ISSUED FOR THE PREMISES FIT-OUT?      Yes            No     

**CC NUMBER**

**PART 4: LODGEMENT DETAILS**

**YOU CAN LODGE THE COMPLETED APPLICATION BY:**

**EMAIL:** [jsc@juneenew.gov.au](mailto:jsc@juneenew.gov.au)  
**MAIL:** JUNEE SHIRE COUNCIL, PO BOX 97, JUNEE NSW 2663  
**IN PERSON:** 29 BELMORE STREET, JUNEE  
 MONDAY-FRIDAY, 8.30AM – 5.00PM

**WHAT NOW:**

ONCE YOUR APPLICATION IS RECEIVED A COUNCIL OFFICER WILL CONTACT YOU IF FURTHER INFORMATION IS REQUIRED. FOR FURTHER INFORMATION REGARDING YOUR APPLICATION PLEASE CONTACT US BY TELEPHONE ON 02 6924 8100 OR VISIT OUR WEBSITE:

[www.juneenew.gov.au](http://www.juneenew.gov.au)

**PART 5: 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**OFFICE USE**

<input type="checkbox"/> NEW ACTIVITY	<input type="checkbox"/> EXISTING PREMISES, PREVIOUS REGISTRATION	<input type="checkbox"/> VEHICLE/PREMISES REPORT ATTACHED?
FILE NUMBER		DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>