



GLENORCHY CITY
Where ideas happen.

Dear Sir/Madam

**APPLICATION FOR PUBLIC HEALTH RISK ACTIVITY
REGISTRATION AND LICENCE**

Public Health Act 1997

Please find enclosed the relevant application forms to apply for registration and staff licenses to conduct a Public Health Risk Activity within your business.

The business owner must complete the 'Premises' Registration Application Form whilst each operator must complete a 'Licence' Application Form and questionnaire.

Should you require any further information on this matter, please do not hesitate to contact Council on 6216 6800.

Yours Sincerely

Alex Woodward
COORDINATOR ENVIRONMENTAL HEALTH SERVICES
Encl.



GLENORCHY CITY
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Licence Number:

PO Box 103
Glenorchy Tas 7010
Ph: (03) 6216 6800
gccmail@gcc.tas.gov.au

ABN: 197 5325 2493

PUBLIC HEALTH RISK ACTIVITY APPLICATION (PREMISES)

PUBLIC HEALTH ACT 1997 (s.96 & 101)

Application for Registration of premises where a Public Health Risk Activity may be carried out

APPLICANT DETAILS

Name of Applicant:

Postal address:

..... Postcode:

Telephone: Mobile Phone:

Facsimile: Email:

BUSINESS DETAILS

Name of Business:

Name depicted on the street frontage of the premises:

Address:

..... Postcode:

Postal Address for correspondence:

..... Postcode:

Telephone: Mobile Phone:

Facsimile: Email:

Emergency contact Telephone

ACTIVITY DETAILS

1. Please list the Public Health Risk Activities proposed to be conducted on the premises:
-
-
2. Have the staff that conduct the public health risk activity been vaccinated against Hepatitis B?
- YES / NO
3. What training or experience do you require your staff to have in relation to infection control?
-
-
-
-
4. How many staff do you have that undertake this public health risk activity?
- (Please ensure that each staff member completes a copy of the attached application form)*

SIGNATURE

Signature of applicant for registration: Date:

HOW TO LODGE YOUR FORM**IN PERSON:**

Glenorchy City Council Offices - 374 Main Road, GLENORCHY TAS 7010

BY MAIL:

PO Box 103, GLENORCHY TAS 7010

*Please note that an invoice will be generated upon receipt of your application and forwarded to you.
The invoice will include the charge for the registration of your premises and charges for the persons
undertaking the public health risk activity at your premises.*



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ABN: 197 5325 2493

PUBLIC HEALTH RISK ACTIVITY APPLICATION (PERSON)

PUBLIC HEALTH ACT 1997 (s.105 & 110)

Application for a Licence to carry out a Public Health Risk Activity

APPLICANT DETAILS

Name of Applicant:

Home address:

..... Postcode:

Postal address:

..... Postcode:

Telephone: Mobile Phone:

Facsimile: Email:

BUSINESS DETAILS

Name of Business:

Name depicted on the street frontage of the premises:

Address:

..... Postcode:

Name of Manager of Business:

Postal Address for correspondence:

..... Postcode:

Emergency contact Telephone

ACTIVITY DETAILS

1. Please list the Public Health Risk Activities proposed to be conducted on the premises:

.....
.....

2. Have you been vaccinated against Hepatitis B? YES / NO

3. What training have you undertaken or experience do you have in relation to infection control?

(Please attach supporting evidence e.g. certificate of achievement)

.....
.....
.....

SIGNATURE

Signature of applicant:..... Date:

HOW TO LODGE YOUR FORM

This form should be submitted to Council with the “Public Health Risk Activity Application (Premises)”.

Lodgement details are provided on the “Public Health Risk Activity Application (Premises)” Form.