



GLENORCHY
CITY COUNCIL

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PUBLIC HEALTH RISK ACTIVITY APPLICATION (PREMISES)

Public Health Act 1997 Section 96 and 101

- Application for **Registration** of a Public Health Risk Activity premises
 Application for **Renewal of Registration** of a Public Health Risk Activity premises

Applicant Details

Title	Given Name/s	Family Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Company/Business Name (if applicable)		
<input type="text"/>		
ABN / ACN	Date of Birth	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Postal Address (if different from business address)		
<input type="text"/>		
Mobile Number	Email Address	
<input type="text"/>	<input type="text"/>	

Business Details

Trading name of Premises	
<input type="text"/>	
Premises Address	
<input type="text"/>	
Business Phone Number	Email Address
<input type="text"/>	<input type="text"/>

Activity Details

Public Health Risk Activities undertaken at the premises (*please select all that apply*)

Tattooing Ear Piercing Body Piercing

How many Public Health Risk Activity operators work at the premises:

1 2 3 4 5 6 7 8 9 10+

Applicant Declaration

I understand and agree that this application and any related information, as well as information about the ongoing operations of the activity and the subject of the application, will be shared with the Department of Health to assess it for compliance with the *Public Health Act 1997*.

By signing I authorise Glenorchy City Council to update my details listed within this form.

Applicant Name	Applicant Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

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