



**GLENORCHY**  
CITY COUNCIL

Date received:

Application fee:

Receipt No:

Licence No:

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*  
Sections 96 & 101

Application for Registration of a Public Health Risk Activity premises

## PART 1: TYPE OF APPLICATION

(Please tick (✓) tick one box only)

I am applying for a Registration of a Public Health Risk Activity premises

## PART 2: APPLICANT DETAILS

Title

Given Name/s

Family Name

Company Name *(linked to ABN/ACN) (if applicable)*

ABN / ACN *(if applicable)*

Date of Birth

Postal Address *(for business correspondence)*

Business Phone Number

Mobile Number

Email Address

## PART 3: PUBLIC HEALTH RISK ACTIVITY PREMISES DETAILS

Trading Name

Location of Premises

Hours of Operation

M	T	W	T	F	S	S
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Business Phone Number

Mobile Number

Email Address

## PART 4: ACTIVITY DETAILS

Public Health Risk Activities undertaken at the premises. (Please tick (✓) tick all that apply)

Tattooing

Ear Piercing

Body Piercing

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

## PART 5: APPLICANT DECLARATION

- I declare that the information provided on this form is accurate, complete, and correct.
- I acknowledge that this application is not valid, and assessment of the application will not commence until the application fee is paid in full.
- I acknowledge and agree that if an email address is provided on this application, I consent pursuant to Section 6 of the *Electronic Transaction Act 2000* to the Council using that email address as a method of contact and for the provision of information by the Council.
- I understand and agree that information about this application and the businesses' on-going operations will be shared with the Department of Health to assess this application and the businesses' compliance with the *Public Health Act 1997*.
- I understand that this is an application, and approval of this application is not guaranteed.

Applicant Name

Applicant Signature

Date

## PART 6: PAYMENT

Payment by phone	Payment in person
Credit card payments can be made by calling (03) 6216 6800.	Payment can be made on person with Customer Service at the Civic Centre; 374 Main Road, Glenorchy. Business hours are: 8.30am – 5.00pm Monday to Friday.

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You do not have to provide your personal information but if full information is not provided the Council may be unable to action your application or request.

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