

## Notification of intention to register new premises under the Health Act 1956

### Applicant Details

Full name of applicant \_\_\_\_\_

Postal address \_\_\_\_\_

Suburb \_\_\_\_\_ City \_\_\_\_\_ Post Code \_\_\_\_\_

Postal address if different from above \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

### Business Details

Trading name of business \_\_\_\_\_

Business street address \_\_\_\_\_

Suburb \_\_\_\_\_ City \_\_\_\_\_ Post Code \_\_\_\_\_

Business phone \_\_\_\_\_

### Type of Premises

Camping Ground     Hairdresser     Offensive Trade

**For camping ground** - state number of sites \_\_\_\_\_

**For offensive trade** - describe type of trade \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Provide a detailed site plan/map with this application**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Notes to applicant

No fees are paid with this form

Please return this form to Health and Bylaws Department