## **Application for**

Health Premises Registration
Health (Registration of Premises) Regulations 1966
Camping Ground Regulations 1985
Health Act 1956 S.54(3)
Health (Hairdressers) Regulations 1980



1. Application details			
Premise Name (trading name)			
Premise Address			
Applicant's Name			
Applicant's Address			
both developed ground profession hands of the portry of the developed			
Company Name (if applicable)			
Postal Address			
(if different from applicant's/premise address)  Email Address			
Contact numbers			
	Phone (Daytime)	Phone (Afterhours)	Mobile
Description of Activity (Please tick appro	opriate box/boxes)	- Sense of Sensor Control (Sensor)	PROCESSAL AND ADDRESS AND ADDR
Hairdressers	Camping Ground	Funeral Home	Offensive Trade
Other—please provide details:			
Applicants Signature			1 /
Proposed commence trading date	1 1		Dated
2. Alteration/Change of	Ownership		
Premise name prior to change			
Premise name prior to change  Premise Name if changing			
Premise Name if changing			
Premise Name if changing			
Premise Name if changing Premise Address Applicant's Name			
Premise Name if changing Premise Address			
Premise Name if changing Premise Address  Applicant's Name  Applicant's Address			
Premise Name if changing Premise Address  Applicant's Name  Applicant's Address  Company Name (if applicable)			
Premise Name if changing Premise Address  Applicant's Name  Applicant's Address			
Premise Name if changing Premise Address  Applicant's Name Applicant's Address  Company Name (if applicable)  Postal Address (if different from applicant's/premise address)  Email Address			
Premise Name if changing Premise Address  Applicant's Name  Applicant's Address  Company Name (if applicable)  Postal Address (if different from applicant's/premise address)	Phone (Davtime)	Phone (Afterhoure)	Mobile
Premise Name if changing Premise Address  Applicant's Name Applicant's Address  Company Name (if applicable)  Postal Address (if different from applicant's/premise address)  Email Address Contact numbers	Phone (Daytime)	Phone (Afterhours)	Mobile
Premise Name if changing Premise Address  Applicant's Name Applicant's Address  Company Name (if applicable)  Postal Address (if different from applicant's/premise address)  Email Address Contact numbers	25 222 27	Phone (Afterhours)  Funeral Home	Mobile  Offensive Trade
Premise Name if changing Premise Address  Applicant's Name Applicant's Address  Company Name (if applicable)  Postal Address (if different from applicant's/premise address)  Email Address Contact numbers  Description of Activity (Please tick appro	priate box/boxes)	· · · · · · · · · · · · · · · · · · ·	
Premise Name if changing  Premise Address  Applicant's Name  Applicant's Address  Company Name (if applicable)  Postal Address (if different from applicant's/premise address)  Email Address Contact numbers  Description of Activity (Please tick appro	priate box/boxes)	· · · · · · · · · · · · · · · · · · ·	
Premise Name if changing  Premise Address  Applicant's Name  Applicant's Address  Company Name (if applicable)  Postal Address (if different from applicant's/premise address)  Email Address Contact numbers  Description of Activity (Please tick appro Hairdressers  Other—please provide details:	priate box/boxes)	· · · · · · · · · · · · · · · · · · ·	Offensive Trade

Date received				Received by:		0.50
	<b>对此"正规"</b> 第二次				(print name)	
Approved:	YES		NO	Approved by:		196
	(please circle whichever is appl	licable)			(print name)	
Date approved				Approval signature:		
Inspection time		Category				