

APPLICATION FOR PUBLIC HEALTH RISK ACTIVITY

Public Health Act 1997 Sections 107

Application for Registration/Renewal to carry out a Public Health Risk Activity | **\$145.00**

APPLICANTS DETAILS

Applicant Name: _____

ACN (if company): _____

Address: _____

Suburb _____ State: _____ Postcode: _____

Contact Number(s): _____

Details of skills and knowledge (Public Health Risk Activity qualifications, training or experience) of the proprietor and staff (please attach details if insufficient space).

BUSINESS DETAILS

Location of Business: _____

Name of Business: _____

Contact Person: _____

Contact Number(s): _____

EMERGENCY CONTACT

Contact Name: _____

Contact Number(s): B: _____ M: _____

Type of Business (e.g., Hairdressers, Tattoo Parlour etc)

Types of services provided: _____

RETURN COMPLETED FORMS TO:

Planning & Compliance Department

P: (03) 6471 4700

E: wcc@westcoast.tas.gov.au

PO BOX 63, Queenstown TAS 7467

11 Sticht Street, Queenstown TAS 7467



Proposed hours of operation (or attendance on site):

Monday	_____:	_____	_____	Friday	_____:	_____	_____
Tuesday	_____:	_____	_____	Saturday	_____:	_____	_____
Wednesday	_____:	_____	_____	Sunday	_____:	_____	_____
Thursday	_____:	_____	_____				

Details of any proposed or operational quality assurance program, OH&S safety plan or other approved Public Health safety management system (Please attach details if insufficient space).

PLANS AND SPECIFICATIONS - new or altered Public Health Risk Activities only

For new or altered premises, please attach plans and specifications or other information clearly showing the design, fitting out and arrangement of the business.

SIGNATURE

DATE

OFFICE USE ONLY

Receipt Number: _____ Date: ____/____/____