



**Whitehorse City Council**  
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### Public Health and Wellbeing New Premises Enquiry Form

Thank you for your enquiry regarding setting up/altering a registerable business within the City of Whitehorse. To assist you in understanding the requirements to register a premises with Whitehorse City Council please visit Council's website at <https://www.whitehorse.vic.gov.au/living-working/business/starting-business>

**All applicants must first contact Council's Town Planning and Building Department to obtain written information as to whether:**

- a planning permit is required for the proposed use and/or development and
- a building permit is required for the proposed premises (if required provide a copy of the building permit with the endorsed plans)

**Please attach a copy of this documentation when submitting with this form**

Please Tick  New premises  Alterations to existing premises

### Premises Details

Applicant's Name		Date
Postal Address		Postcode
Applicant's Phone Number	Fax	Mobile
Email Address		
Address of proposed project site		
Proposed proprietor of business		
Proposed Trading Name (if known)		

### Request for Service

**Please select one of the following services** (please tick ✓ box):

- Plans assessment and progress inspections.**  
Council strongly recommends that you submit plans before applying for registration. This will assist in approving your registration efficiently by ensuring that the premises complies with relevant standards and to minimise the risk of having to undertake costly remedial work. The service also incorporates the costs associated with onsite progress and final inspections. **Your application will not be assessed until payment has been received.**
- Final inspection only prior to registration**  
Please note that if the premises is structurally non-compliant at the time of inspection, additional inspections **will incur a fee.** Where a building permit is required, obtain and provide a copy the new occupancy permit or certificate of final inspection to the Environmental Health Unit prior to booking your final inspection for registration.

- Owner  Occupier  Architect  
 Builder  Other (please specify)

### Type of Premises

- Prescribed Accommodation  Motel/Hotel  Rooming House  Hostel  Student Dormitory  
 Residential Accommodation  Holiday Camp
- No of occupants: \_\_\_\_\_

- Hairdressing, Beauty, Tattooing and Body Art  Hairdresser  Body Piercing  Ear Piercing  Tattooist  
 Beauty  Nail Treatment  Facials  Waxing  
 Make Up  Colonic Irrigation  Cosmetic Tattooing  
 Laser  Other (please specify) \_\_\_\_\_

**Home Based Business (Complete this page only if you are home based)**

Do you live in the house at address of the business?  Yes  No

Do you own or rent the house at address of the business?  Yes  No

How many staff will work at the premises? \_\_\_\_\_

Type of dwelling  House  Unit  Apartment/Townhouse

Please attach a copy of your house floor plan and show what rooms you will use for your business.

Plan attached  Yes  No

Size of dwelling: Number of bedrooms \_\_\_\_\_ Number of bathrooms \_\_\_\_\_

Number of living rooms (lounge/dining) \_\_\_\_\_ Garage  Yes  No

List the rooms you will be using for your business and describe how each room will be used, for example garage and bedroom 1 will be used for treatments.

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Do you need to connect to additional services to operate your business?  Yes  No  
For example additional carparking, connection of 3 phase power? If yes please specify

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Describe how will your proposed business impact on your neighbours? For example noise, customer parking, waste

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What are your hours of operation? \_\_\_\_\_

Will you store equipment or goods associated with the business  Yes  No  
If yes, can they be seen from the street?  Yes  No

Are you providing signage?  Yes  No

If yes, what size of signage? \_\_\_\_\_

Are you making any structural changes to the layout of the building?  Yes  No

If yes, please describe

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Are you using an external shed or building for the use of the building?  Yes  No

If yes, please describe type of building and the size of building

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## Processing Information

What equipment do you have for cleaning equipment in your business? Please tick all that apply

- double bowl sink       single bowl sink       dedicated hand wash basin       sink for disposing waste water
- storage area for equipment and products only used for the business

## Contact Information

I have contacted the following Council departments and authorities to ensure that I have obtained all relevant permit/application information:

- Council's Statutory Planning Unit .....9262 6333  
 Council's Building Services Unit .....9262 6333  
 Yarra Valley Water Trade Waste Team.....9872 1240

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*The personal information requested above is for the purpose of administering the Public Health and Wellbeing Act 2008 and will be used solely by Council for that primary purpose or directly related purposes. The intended recipients of the information are Council officers. Council may disclose the information to law enforcement agencies, courts and other organisations authorised to collect it. Individuals have a right to seek access to their personal information and make corrections by contacting Council's Environmental Health Unit on 9262 6197. You may view Council's Privacy Policy on our website [www.whitehorse.vic.gov.au](http://www.whitehorse.vic.gov.au) or obtain a copy from any of the Council offices.*