

Registering or sale of a beauty, hair or skin penetration business





REGISTERING OR SALE OF A BUSINESS

The following pages have been developed to assist business owners to register new businesses with the City. If you require further assistance, please contact the Environmental Health Unit on **1300 002 642** or health@bendigo.vic.gov.au

Registering a business

Hair/Beauty/Skin Penetration

Section(s) to complete

- Section 1 - Proposed Licensee/Proprietor details
- Section 5 - Register a health related business

Sale of a business

Hair/Beauty/Skin Penetration

Section(s) to complete

- Section 1 - Proposed Licensee/Proprietor details
- Section 2 - Consent to release form
- Section 5 - Register a health related business

Have you sought the relevant approval(s) from other relevant departments at the City of Greater Bendigo:

- **Planning** Yes No
- **Building** Yes No
- **Local laws** Yes No

For further information please browse through www.bendigo.vic.gov.au/building-and-business/business/resources-new-businesses to familiarise yourself with the relevant requirements in relation to your proposed business application request.

LOGGING YOUR APPLICATION

By email

Environmental Health Unit:
health@bendigo.vic.gov.au

An invoice will be sent once the application is processed.

In person

City of Greater Bendigo
Galkangu - Bendigo GovHub
189-229 Lyttleton Terrace
Bendigo, Victoria

Office hours: Monday, Wednesday, Thursday and Friday 9am – 4.30pm
Tuesday 9am – 4pm

By mail

Environmental Health Unit
City of Greater Bendigo
PO Box 733
BENDIGO 3552

Disclaimer; The City of Greater Bendigo will only use the personal information you provide in or with this form for matters relating to your registration in accordance with the Information Privacy Act 2000 (Vic) and City of Greater Bendigo Privacy Policy.

SECTION 1 – PROPOSED LICENSEE/PROPRIETOR DETAILS

To make a business application with the City of Greater Bendigo, you must submit your personal details, the details of your business and your signature.

! Please note - applications cannot be processed unless completed in full

Complete section A or B and contact person details

SECTION A - Required for businesses who wish to operate under a company name (*a trust can not be used)

Company name:

ACN (Australian company number):

Company mailing address:

Company email: Phone number:

OR

SECTION B - Required for businesses operating as a sole trader or a partnership

Licensee/Proprietor details

Surname:

First name (s):

Licensee mailing address:

Phone number (s):

Email:

1. Licensee/Proprietor

2. Licensee/Proprietor

Contact person at business

(in regards to business enquires/inspections)

Surname:

First name (s):

Address:

Phone number (s):

Email:

1. Contact person details

2. Contact person details

SECTION 1 – PROPOSED LICENSEE/PROPRIETOR DETAILS

! Please note - applications cannot be processed unless completed in full

Business information

Business trading name:

Business trading address:

Business phone number/s:

Business email address:

ABN (optional):

Type of business:

(e.g. Hairdresser, Beauty, Tattooist)

Proposed business opening date:

(Approval time frames may impact on the opening of your business.)

Trading hours of business:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM:	AM:	AM:	AM:	AM:	AM:	AM:
PM:	PM:	PM:	PM:	PM:	PM:	PM:

DECLARATION OF PROPOSED LICENSEE/PROPRIETOR

I understand and acknowledge:

- That the information provided in this application is true and complete to the best of my knowledge.
- This initial registration may be less than 12 months.
- That other authorities may be notified of this application.

Print name (s): Date:

If signing on behalf of a company, please specify your position:

Signature (s):

Print name (s): Date:

If signing on behalf of a company, please specify your position:

Signature (s):

SECTION 2 - CONSENT TO RELEASE FORM

If you are buying an existing beauty, hair or skin penetration business, please have the current owner of the business complete and sign this page.

! Please note - applications cannot be processed unless completed in full

I/we:
(Current proprietor)

of:
(Residential address)

Being the current proprietors/licensee of the following premises known as

Business trading name:

Business address/location:

Current licence number: ABN/ACN:

Proposed settlement date:

I, HEREBY CONSENT to the City of Greater Bendigo disclosing any information and documents obtained from me and/or via an inspection of the premises by the Environmental Health Officers of the City of Greater Bendigo for the purpose of the sale of this business to:

Name of prospective purchaser:

I am the proprietor.

OR

I am authorised to complete and sign this letter of consent on behalf of the registered company.

Full name of person completing this form:

Signature: Date:

If signing on behalf of a company, please specify your position:

Contact phone number for current proprietor:

Contact email address for current proprietor:

SECTION 5 – REGISTER A HEALTH-RELATED BUSINESS

Registration of your business applies until June 30 of each financial year. Once your application has been received with payment it will be allocated to an Environmental Health Officer to assess. Reduced fees may apply to applications lodged after June 1.

! Please note - applications cannot be processed unless completed in full. Fees quoted are an approximate amount. Fees are subject to change from June 30 of each year. For a final fee quote please contact our office at health@bendigo.vic.gov.au

APPLICATION FEES

New - \$403.45

One-off fee for all new applications (not applicable for on-going low risk health registration).

OR

Sale - \$403.45

One-off fee if you are buying an existing registered business (not applicable for on-going low risk health registration).

(Unless after June 1, when renewal fees will also be issued)

ANNUAL REGISTRATION FEES

The table below sets out which businesses need to apply.

Annual Rate	Description – please select the services you intend to provide
\$470.70	<input type="checkbox"/> Beauty parlour/hairdresser
	<input type="checkbox"/> Body waxing
	<input type="checkbox"/> Colonic irrigation
	<input type="checkbox"/> Nail treatment
	<input type="checkbox"/> Other (specify):
	<input type="checkbox"/> Body modification
	<input type="checkbox"/> Dry needling/acupuncture
	<input type="checkbox"/> Tattooists
	<input type="checkbox"/> Piercing

OR

On-going low risk health registration fees

One off fee	Description – please select the services you intend to provide
\$470.70	<input type="checkbox"/> Hairdressing
	<input type="checkbox"/> Makeup
	<input type="checkbox"/> Eyebrow/lash tinting
	<input type="checkbox"/> Henna application
	<input type="checkbox"/> Spray tanning

! Fees quoted are an approximate amount. Fees are subject to change from June 30 of each year. For a final fee quote please contact our office at health@bendigo.vic.gov.au