



# Public Health Risk Activity Application (Premises)

*Public Health Act 1997*

Sections 104, 105 and 110

## APPLICANT DETAILS

I am Applying as an Individual:

Name of Applicant

Date of Birth

Address

Phone

Email

Relationship to the Business

I am Applying as a Company or Registered Business:

ABN/ACN

Registered Address

Postal Address

(if different from registered address)

Contact Person

Phone

Email

Role in Company

(e.g. director, corporate secretary)

## PREMISES DETAILS

Business Trading Name

Business Name

(Depicted on the street frontage of the premises)

ABN/ACN

Premises Address

<b>Postal Address</b>			
<b>Name of Business Manager</b>			
<b>Emergency Contact Person</b>		<b>Phone</b>	

**ACTIVITY DETAILS**

1. What Public Health Risk Activities do you propose to conduct on these premises?

2. Provide names of those licensed to carry out a Public Health Risk Activity at your premises.

3. Have the staff that conduct the Public Health Risk Activity been vaccinated against Hepatitis B?	Yes	No
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4. What training or experience do you require your staff to have in relation to infection control?  
Please attach supporting evidence e.g. Certificate of Achievement.

**APPLICANT DECLARATION**

I declare that the information provided on this form is true and correct.

**SIGNATURE**

**Individual:**

<b>Applicant Name</b>	<b>Signed</b>
	<b>Date</b> ____/____/____

**Company:**

**Company Name and ABN/ACN:**

<b>Name</b>	<b>Signed</b>
	..... Person Authorised to Sign
	<b>Date</b> ____/____/____

**PRIVACY STATEMENT**

The personal information on this form is required by Clarence City Council for the Registration of a Public Health Risk Activity (Premises) under *the Public Health Act 1997*. We will only use your personal information for this and related purposes. If this information is not provided, council may not be able to process this application. You may access and/or amend your personal information at any time. How we use this information is explained in our Privacy Policy, which is available at [www.ccc.tas.gov.au](http://www.ccc.tas.gov.au) or at Council Chambers.

**LODGE YOUR APPLICATION**



**EMAIL**

Attach your signed, completed application with any supporting information to: [clarence@ccc.tas.gov.au](mailto:clarence@ccc.tas.gov.au)



**MAIL**

Send your signed, completed application with any supporting information to:  
Clarence City Council  
PO Box 96 Rosny Park 7018.



**IN PERSON**

Clarence City Council Offices at 38 Bligh St, Rosny Park, between the hours of 8.45am to 5.00pm. You may also call us on 03 6217 9570.

**OFFICE USE ONLY**

Public Health Risk License Number

Receipt Number  Date Paid

Account Number

EHO Conducting Assessment: ..... Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved / Not Approved

EHO Comments: