



Please provide at least one phone number and include the area code

Business Phone ( )	After hours phone ( )	Business Fax ( )	Mobile ( )
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Email

**Contact Details (if different from above)**

Title	Surname	Given Name 1*	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Address**

PO Box    GPO Box    Private Bag    Locked Bag    RMB    RSD

Street Address/ Postal Address

Suburb / Town

State

Postcode

Business Phone ( )	After hours phone ( )	Business Fax ( )	Mobile ( )
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Email

Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Proposed (New) proprietor details**

**Proprietor** (If there is more than one proprietor of the business, complete details for each below)

Title*	Surname*	Given Name(s) *
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN

ACN

Business Name

Company Name

**Address**

PO Box    GPO Box    Private Bag    Locked Bag    RRN    RSD

Street Address \*

Suburb / Town

State

Postcode

Business Phone ( )	After hours phone ( )	Business Fax ( )	Mobile ( )
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Email



Is the business a Mobile Health Premises? \*

*Note: Mobile personal care and body art businesses that conduct skin penetration are not permitted.*

If you are a mobile hairdresser or a mobile beauty therapist, please register your primary place of business

Description how the premises will be / is used for \* e.g. body piercing and facials

### Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application forms a legal document and penalties exist for providing false or misleading information
- I am over 18 years at the time of completing this application

By marking this checkbox I confirm that I have read and understood all the statements above \*

Name of person completing this application \*

Date \*

Signature of person completing this application \*

### Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to [www.alpineshire.vic.gov.au](http://www.alpineshire.vic.gov.au).

### Lodgement

**If you intend to post or fax this form please use the details provided below:**

Alpine Shire Council  
PO Box 139  
Bright VIC 3741

Telephone: 03 5755 0555  
Fax: 03 5755 1811  
Email: [petera@alpineshire.vic.gov.au](mailto:petera@alpineshire.vic.gov.au)  
Website: [www.alpineshire.vic.gov.au](http://www.alpineshire.vic.gov.au)

## Payment Details

How to pay:

By cash, cheque or credit card - If you know the fee to be paid, include payment when delivering the form by post, fax or in person eg cash or cheque.

Payment by credit card - (Visa or Mastercard). Credit Card details to be provided on form or alternatively provide details via phone 03 5755 0555.

**REGARDLESS OF HOW YOU CHOOSE TO PAY FOR THE APPLICATION, YOUR APPLICATION WILL NOT BE PROCESSED BY COUNCIL UNTIL REQUIRED PAYMENT HAS BEEN RECEIVED**

You are required to accept the following terms and conditions:

Electronic form - document to be scanned to include signature (including any required supporting information) and forwarded to info@alpineshire.vic.gov.au with credit card details.

Print Form - deliver your application (including any required supporting information and necessary payment) to Alpine Shire Council BY FAX, BY POST OR IN PERSON. You are required to sign this form

Fees (GST free):

Hairdressers, Beauty Parlours etc -	\$190.50 per annum
Skin Penetration Establishment -	\$126.00 per annum

TRANSFER FEE = 50% ANNUAL FEE

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Please charge my Visa/Mastercard:- (please delete as appropriate)

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total Amount \$

Expiry Date:  /

Signature

Date:  /  /