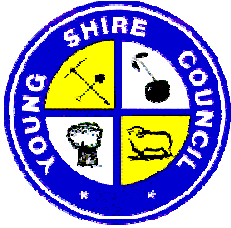


# Young Shire Council



Locked Bag 5  
Town Hall  
Boorowa Street  
YOUNG NSW 2594

Phone: 02 6380 1203  
Fax: 02 6380 1299  
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# PUBLIC HEALTH REGISTRATION

(Public Health Act 2010,  
Public Health Regulation 2012 &  
Local Government (General) Regulation  
2005)

**NOTE:** The occupier of a premises at which a public swimming pool/spa pool is situated, a water-cooling or warm-water system is installed, or where skin penetration procedures are carried out, must notify the local government authority for the area within 7 days of any change of particulars provided to the authority on this form.

## BUSINESS DETAILS

BUSINESS NAME: \_\_\_\_\_

ABN / ACN: \_\_\_\_\_

LOCATION OF PREMISES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OCCUPIER CONTACT DETAILS

NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE:

(W): \_\_\_\_\_

(H): \_\_\_\_\_

MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

## TYPE OF BUSINESS / NOTIFICATION

Please complete the appropriate details

- HAIRDRESSING / BARBER
- BEAUTY SALON
- WATER COOLING / WARM WATER SYSTEM

Type of system in use: \_\_\_\_\_

- SKIN PENETRATION PROCEDURES

Type of procedures in use:

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Waxing       | <input type="checkbox"/> Piercing      | <input type="checkbox"/> Manicure / Pedicure |
| <input type="checkbox"/> Tattoo       | <input type="checkbox"/> Blood Testing | <input type="checkbox"/> Needling            |
| <input type="checkbox"/> Other: _____ |  |  |

- PUBLIC SWIMMING POOL OR SPA POOL:

## OFFICE USE ONLY

Register No: \_\_\_\_\_ ID number: \_\_\_\_\_