

## New Premises – Public Health & Wellbeing

Thank you for your initial enquiry regarding a Public Health & Wellbeing business within the City of Whitehorse. An establishment fee invoice will be emailed to you within 10 business days for payment – refer Fee Schedule

Premises Details:			
Trading Name (if known):			
Premises Address:		Suburb	Postcode
Postal Address: (If different to above)		Suburb	Postcode
New Premises - New build or business with no current registration within Council			
Is this a new premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>**All new premises may be subject to planning and building approval **</b> An establishment Fee is payable upon lodging this enquiry form	
Existing Premises - Business with current registration within Council or within last 6 months			
Is this an existing premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you purchasing the business?	<input type="checkbox"/> Yes – A Pre-Sale Inspection is recommended prior to purchase – Refer fee schedule**	<input type="checkbox"/> No –	
If purchasing the business, what is the settlement date?		What is expected first date of trading? Premises must be registered prior to this date	
Will you be making alterations to the floor plan?	<input type="checkbox"/> Yes * Fees payable for alterations – please refer to fee schedule **All alterations may be subject to planning and building approval	<input type="checkbox"/> No	
Type of Premises:(please tick)			
Prescribed Accommodation	<input type="checkbox"/> Motel/Hotel <input type="checkbox"/> Rooming House	<input type="checkbox"/> Residential Accommodation <input type="checkbox"/> Student Dormitory	<input type="checkbox"/> Hostel <input type="checkbox"/> Holiday Camp
	<input type="checkbox"/> Hairdresser <input type="checkbox"/> Beauty <input type="checkbox"/> Make Up	<input type="checkbox"/> Body Piercing <input type="checkbox"/> Nail Treatment <input type="checkbox"/> Colonic Irrigation	<input type="checkbox"/> Ear Piercing <input type="checkbox"/> Facials <input type="checkbox"/> Laser <input type="checkbox"/> Tattooist <input type="checkbox"/> Waxing <input type="checkbox"/> Cosmetic Tattooing
Hairdressing, Beauty & Body Art	<input type="checkbox"/> Other (please specify)		
Aquatic Facility	<input type="checkbox"/> Category 1 Used by members of the public, used in association of a class or program, is located at premises of educational facility, aged care or hospital facility	<input type="checkbox"/> Category 2 a swimming pool, spa or interactive water feature used by members of the public which is located at a residential apartment complex or a hotel, motel or hostel	
Proprietor Details:( legal entity – cannot be a trust)			
Proprietor Type: (please tick)	<input type="checkbox"/> Individual -	Name	
	<input type="checkbox"/> Company	Name	ABN/ACN
	<input type="checkbox"/> Partnership	Name 1	Name 2
	<input type="checkbox"/> Trustee	Trustee Details:	
Email	Mobile		
Applicants Details			
Given Name:		Family Name:	
Applicant's involvement: <input type="checkbox"/> Owner <input type="checkbox"/> Builder <input type="checkbox"/> Occupier <input type="checkbox"/> Architect <input type="checkbox"/> Purchaser <input type="checkbox"/> Other (please specify)			
Email:	Mobile:		

Processing Information		
What equipment do you have for cleaning equipment in your business? Please tick all that apply		
<input type="checkbox"/> double bowl sink	<input type="checkbox"/> dedicated hand wash basin	<input type="checkbox"/> storage area for equipment and products only used for the business
<input type="checkbox"/> single bowl sink	<input type="checkbox"/> sink for disposing waste water	

Home Based Business (Complete this if you are operating from home)					
Do you live in the house at address of the business?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own or rent the house at address of the business?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
How many staff will work at the premises?			What are your hours of operation?		
Type of dwelling:	<input type="checkbox"/> House		<input type="checkbox"/> Unit	<input type="checkbox"/> Apartment/townhouse	
Please attach a copy of your house floor plan and show what rooms you will use for your business. Plans attached			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Size of Dwelling	Number of Bedrooms			Number of Bathrooms	
Number of Living Rooms (lounge/dining)			Garage		<input type="checkbox"/> Yes <input type="checkbox"/> No
List the rooms you will be using for your business and describe how each room will be used, eg kitchen and bedroom 1 will be used for storage					
Do you need to connect to additional services to operate your business? For example carparking, installation of a flue over cooking equipment, connection of 3 phase power?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify		
Describe how will your proposed business impact on your neighbours? For example noise, customer parking, waste					
Will you store equipment or goods associated with the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, can they be seen from the street?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you providing signage?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what size if the signage?		
Are you making structural changes to the layout of the dwelling?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe		
Are you using an external shed or building for the use of the business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe type of building and the size of the building		

**Fee Schedule - 01 July 2026 – 30 June 2027**

**Establishment Fee – \$245.00**

Fee to be applied to all new premises applications to cover costs associated with administration, progress inspections, final inspection, plans assessment (where provided, internal referral process (Planning / Building / Health) and on-going professional advice to support compliance

**Alterations to existing premises - \$98.00**

This fee is applicable to alterations made on existing premises.  
All alterations are subject to Planning and Building approval

**Pre Sale Inspection – Standard- \$297.00 (10 working days) Priority - \$592.00(5 business days)**

If you are purchasing an existing premises you may request a presale inspection. An inspection before settlement ensures that prospective proprietors are fully informed of any outstanding items or notices to ensure compliance with relevant legislation. After we issue the report, it is the responsibility of the purchaser and current owner to negotiate and resolve all outstanding non-compliant items. Any outstanding issues not resolved at settlement will become the responsibility of the new owner. Due to privacy laws, the current proprietor must sign to give consent to release the report to you or your solicitor.

A Presale Consent to Disclose must be completed for this service.

**Planning & Building Requirements**

If you are setting up a new business or altering an existing business you 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)

I have contacted the following the following 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

*The personal information requested above is for the purpose of administrating the Public Health & Wellbeing Act 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*