**Postal:** PO Box 156 **Location:**

**Address:** Longford Tas 7301 13 Smith Street

 Longford Tas 7301

**Phone:** (03) 6397 7303

**Fax:** (03) 6397 7331

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| **PUBLIC HEALTH RISK ACTIVITY AND****PUBLIC HEALTH RISK ACTIVITY PREMISES** | Public Health Act 1997Section 105 & 110 |

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| --- | --- | --- |
|  |  | **Application for Licence to Carry Out a Public Health Risk Activity** |
|  |
|  |  | **Application for Registration of Premises Where a Public Health Risk Activity May Be Carried Out** |

|  |  |
| --- | --- |
| **APPLICANT DETAILS:** |  |

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| --- | --- | --- | --- |
| Applicant: |  | Phone No: |  |

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| --- | --- |
| ACN: *(If a Company):* |  |

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| --- | --- | --- | --- |
| Address: |  | Mobile No: |  |

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Fax No: |  |

|  |  |  |
| --- | --- | --- |
|  | Email address: |  |

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| **ACTIVITY DETAILS:** |  |

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| --- | --- | --- | --- |
| Trade Name of Premises: |  | Phone No: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address: |  | Mobile No: |  |

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| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Fax No: |  |

|  |  |
| --- | --- |
| Postal Address: |  |

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| --- | --- | --- | --- |
| Emergency Contact: |  | Mobile No: |  |

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| **PUBLIC HEALTH RISK ACTIVITY PROPOSED:** |  |

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| **APPLICATION FEE AND SIGNATURE:** |  |

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| --- | --- | --- | --- | --- | --- |
|  | *Name: (Print)* |  | *Signed:* |  | *Date:* |
| **Applicant:** |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Receipt No:** |  | **Date Issued:** |  |