

Public health risk activity application (premises)



City of HOBART

When to use this form

Use this form if you want to apply for a licence to conduct a public health risk activity at your business premises. Activities can include skin penetration practices such as ear and body piercing and tattooing.

These practices must be carried out in line with the *Public Health Act 1997* (Part 5, Divisions 3 and 4) and the guidelines for [tattooing](#) and [ear and body piercing](#).

Once you have submitted this application an officer will contact you to arrange for payment to be taken. Please refer to the current [fees and charges](#).

For further information you can contact us at coh@hobartcity.com.au or telephone 6238 2715.

Applicant details

Are you applying as an individual or a company? (Select 1 option) Required

- individual
- company

Complete this field if you selected 'individual' in *Applicant details: Are you applying as an individual or a company?*

First name Required

Complete this field if you selected 'individual' in *Applicant details: Are you applying as an individual or a company?*

Last name Required

Complete this field if you selected 'individual' in *Applicant details: Are you applying as an individual or a company?*

ABN Required

Complete this field if you selected 'company' in *Applicant details: Are you applying as an individual or a company?*

Company name Required

Complete this field if you selected 'company' in *Applicant details: Are you applying as an individual or a company?*

ACN Required

Email address

Telephone number Required

Address Required

Preferred contact method (Select 1 option) Required

- email
- telephone
- Australia Post

Business details

Business trade name Required

Name that is on the front of the business (if different to above)

Premises address Required

Postal address Required

Email address Required

Telephone number Required

Emergency contact name Required

Emergency contact telephone number Required

What public health risk activities do you propose to carry out? (Select 1 or more options) Required

- ear piercing
- body piercing
- tattooing

Declaration

In making this application: (Select 1 or more options)

- I declare that all the information I have provided is true, accurate and complete. Required
- I understand that this application is not valid and assessment of the application will not commence until all application fees are paid in full. Required
- I acknowledge and agree that if an email address is provided on this application I consent pursuant to Section 6 of the Electronic Transactions Act 2000 to the Council using that email address as a method of contact and for the provision of information by the Council. Required
- I agree that by typing my name below I have signed this application. Required

Name of signatory Required

Date Required

(submitting online? Use the calendar icon on the right to select the date)

D	D	M	M	Y	Y	Y	Y
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For information on how Council manages, handles and protects personal information it collects please refer to the [Privacy Statement and Policy](#)

End of form