

# 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](https://www.hobartcity.com.au/tattooingguidelines) <https://www.hobartcity.com.au/tattooingguidelines> and [ear and body piercing](https://www.hobartcity.com.au/earandbodypiercingguidelines) <https://www.hobartcity.com.au/earandbodypiercingguidelines>.

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](https://www.hobartcity.com.au/Council/Fees-and-charges) <https://www.hobartcity.com.au/Council/Fees-and-charges>.

For further information you can contact us at [coh@hobartcity.com.au](mailto:coh@hobartcity.com.au) or telephone 6238 2715.

## Applicant details

First name Required

Last name Required

ACN (if a company)

Email address

Telephone number Required

**Address** Required

**Preferred contact method (Select 1 option)** Required

- email
- telephone
- Australia Post

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## 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

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## 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

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](https://www.hobartcity.com.au/Council/Legislation-and-by-laws/Privacy-statement)  
<https://www.hobartcity.com.au/Council/Legislation-and-by-laws/Privacy-statement>.

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*End of form*