

WEST COAST COUNCIL

Tasmania

Tel 03 6471 4700
Fax 03 6471 4720
PO Box 63, Queenstown 7467
11 Sticht St, Queenstown 7467
Email wcc@westcoast.tas.gov.au
Web www.westcoast.tas.gov.au
ABN 20448787926



Public Health Risk Activity

- Application for a **licence** to Carry Out a Public Health Risk Activity
- Application for **Renewal of a licence** to Carry Out a Public Health Risk Activity

Applicant Details

Name of applicant

Postal Address

.....Postcode

Telephone Mobile Phone

Facsimile Email

Activity details

Trade name of premises where the applicant will be carrying out this activity:

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Address of premises.....

.....Postcode

Postal address for correspondence

..... Postcode

Emergency contact..... Emergency contact telephone

Public health risk activities proposed to be conducted by the applicant

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Fee and signature

Application fee: \$ Date...../...../.....

Signature of applicant

Please lodge your completed application form and fee with the General Manager of the Council

Office use only

Receipt No:

Date:

