



# Kingborough

**Civic Centre**  
 15 Channel Hwy, Kingston, Tasmania 7050  
 Locked Bag 1, Kingston, Tasmania 7050  
 T: (03) 6211 8200  
 F: (03) 6211 8211  
 AusDoc: DX 70854  
 E: kc@kingborough.tas.gov.au

## APPLICATION FOR PUBLIC HEALTH RISK ACTIVITY (PREMISES)

*Public Health Act 1997 – Sections 96 & 101*

### Applicant details:

<b>Name of applicant:</b>			
<b>Postal address:</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Fax:</b>		<b>Email:</b>	

### Business details:

<b>Name of business:</b>			
<b>Name depicted on street frontage of business:</b>			
<b>Address of business:</b>			
<b>Emergency contact:</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Fax:</b>		<b>Email:</b>	
<b>Public health risk activities proposed to be conducted in these premises:</b>			

### Terms and conditions:

I, \_\_\_\_\_  
 (PRINT FULL NAME)

- have inserted and completed any and all information required on this application; and
- declare that all information on this application is true, accurate and complete; and
- acknowledge this application is not valid and assessment of the application will not commence until all application fees are paid in full; and
- 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.

<b>Signature of applicant</b>		<b>Date</b>	____ / ____ / ____
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[kingborough.tas.gov.au](http://kingborough.tas.gov.au)

## Payment options:

Mail	In person	Phone
Mail payment together with application form to: The General Manager Kingborough Council Locked Bag 1, Kingston TAS 7050. Cheque or money orders should be made payable to Kingborough Council. Post dated cheques will not be accepted.	Hours of payment are from 8.45am - 4.45pm, Monday to Friday by cash, cheque, money order, credit card or EFTPOS.	Credit card payment can be made by phoning Council's cashier on 6211 8200.  Please then mail your application form.

**Please submit your completed application form at the time of making payment.**

### Privacy Statement

Completion of this form may require the disclosure of personal information. The intended recipients of this information are officers of the Kingborough Council in order to advance the purposes of this form and to carry out Council business. The *Personal Information Protection Act 2004* and Council's Privacy Policy regulate the use of this information, which will not be disclosed to any other party, except with your permission or if required or authorised by law. You may make application to access or amend personal information held by Council by contacting Customer Services on 6211 8200. Should you not provide the information sought, Council will not be able to process this form.

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### OFFICE USE ONLY

Cashier		EHO assessment	
PHRA Licence Number:		EHO	
Receipt Number:		Date	
Date:			





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## APPLICATION FOR PUBLIC HEALTH RISK ACTIVITY (OPERATOR)

*Public Health Act 1997 – Sections 96 & 101*

### Applicant details:

<b>Name of applicant:</b>			
<b>Postal address:</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Fax:</b>		<b>Email:</b>	

### Business details:

<b>Name of business:</b>			
<b>Name depicted on street frontage of business:</b>			
<b>Address of business:</b>			
<b>Emergency contact:</b>			
<b>Telephone:</b>		<b>Mobile:</b>	
<b>Fax:</b>		<b>Email:</b>	
<b>Public health risk activities proposed to be conducted in these premises:</b>			

### Terms and conditions:

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<b>Signature of applicant</b>	<b>Date</b> ____ / ____ / ____
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