

# 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](mailto:coh@hobartcity.com.au) or telephone [03 6238 2711](tel:03 6238 2711).

## Applicant details

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

- individual  
 company

Answer this question if you selected 'company' in *Applicant details > Are you applying as an individual or a company?*

Company name Required

Answer this question if you selected 'company' in *Applicant details > Are you applying as an individual or a company?*

Contact person first name Required

Answer this question if you selected 'company' in *Applicant details > Are you applying as an individual or a company?*

Contact person last name Required

Answer this question if you selected 'individual' in *Applicant details* > *Are you applying as an individual or a company?*

**First name** Required

Answer this question if you selected 'individual' in *Applicant details* > *Are you applying as an individual or a company?*

**Last name** Required

Answer this question if you selected 'individual' in *Applicant details* > *Are you applying as an individual or a company?*

**Date of birth** Required

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Answer this question if you selected 'individual' in *Applicant details* > *Are you applying as an individual or a company?*

**ABN** Required

Answer this question if you selected 'company' in *Applicant details* > *Are you applying as an individual or a company?*

**ACN** Required

**Email address**

**Telephone number** Required

Postal address Required

Have you already discussed your application with an Environmental Health Officer? (Select 1 option) Required

- yes
- no

Answer this question if you selected 'yes' in *Applicant details > Have you already discussed your application with an Environmental Health Officer?*

What is their name? 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

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

- ear piercing
- body piercing
- tattooing

Emergency contact name Required

Emergency contact telephone number Required

How many operators work at the business? Required (please include yourself if you are an operator)

Please list the names of the operators Required

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

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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](#)

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*End of form*