Regulated Premises Registration Form



Type of Premises (Tick Box)									
Hairdressers				Mortuary					
Beauty Salon				Public	Public Pool/Spa				
Skin Penetration			Place of shared accommodation						
Water cooled/warm water system, E.g. Cooling tower, thermostatic mixing valve				Caravan Park					
Underground Petroleum Storage Systems (UPSS)				Othe	Other				
What is the ad	dress o	of the premise	s to be re	giste	red or owr	nership de	etails changed		
Shop or Unit N		Street No		Stree		•	<u> </u>		
Suburb		Postcode				DP or SP (if known)			
Frading Detail	<u> </u>					1			
Trading Name	<u> </u>								
Date of Owner	ship				Tel (business)				
Fax (business)				Email					
Company Deta	sile				1				
Company Nam									
Registered Busi	ness Ac	ddress							
No.	Street				Suburb	uburb Posi		Postcode	
Company Contact Name			Position (E.g. Director)						
Tel I (Company)			Tel 2 (Mobile)						
Fax (Company)									
ACN Number			ABN Number						
Mailing Addres					•				
Shop or Unit N		Street No	Street				Suburb	Suburb	
Postcode			I						

Postal address

PO Box 21, Rockdale NSW 2216 ABN 80 690 785 443 **Bayside Customer Service Centres**

Rockdale Library, 444-446 Princes Highway, Rockdale Westfield Eastgardens, 152 Bunnerong Road, Eastgardens E council@bayside.nsw.gov.au W www.bayside.nsw.gov.au T 1300 581 299 | 02 9562 1666 **Proprietors Details**

Owner I	Owner 2	Owner 3
Surname	Surname	Surname
First Names	First Names	First Names
Tel	Tel	Tel
Fax	Fax	Fax
Signature/ Date	Signature/ Date	Signature/ Date

Applicant Details

Name			
	Date	/	1
Applicant's Signature	Date	1	1

Data Entry Complete	Initials	Office Use Only
Date / /		

For Official Use Only: Account Number: RC 15050

APPLICABLE REGISTRATION FEE MUST BE ACCOMPANIED WITH THIS FORM

Registration received by:	Date:
Referred to:	
Possint No:	Date: