

Application for a Health Services Assessment Certificate



- | | |
|--|---|
| <input type="checkbox"/> Public Building Approval/Liquor Licence | <input type="checkbox"/> Food Business Approval |
| <input type="checkbox"/> Hairdressing and Skin Penetration | <input type="checkbox"/> Public Swimming Pool |
| <input type="checkbox"/> Health Local Law | <input type="checkbox"/> Caravan Park |
| <input type="checkbox"/> Kennels | <input type="checkbox"/> Other _____ |

I/We _____
(Full Name of Applicant/s)

of _____
(Address of Applicant/s)

apply for a Health Services Assessment Certificate and have attached one set of our plans along with the relevant fee.

Applicant Detail

Name of Business or Organisation: _____

Postal Address (If different from above): _____

Contact Details: _____ (home) _____ (work)

_____ (mobile) _____ (fax)

_____ (email)

Street Address this Application relates to

Owners Details

Street number, Lot number, Street name, Suburb, Postcode

Please see over

Payment slip overleaf.

1 copy of plans submitted

Please allow up to 14 working days for application to be processed.

Fees to be paid at time of submitting the application - \$147.60 (non-refundable)

Signature of Applicant: _____ **Date:** _____



Lodging your Application:

In Person: City of Wanneroo Administration Centre, 23 Dundebur Road, Wanneroo

By Mail: Locked Bag 1, Wanneroo WA 6946

By Email: health@wanneroo.wa.gov.au

Address: _____

Credit Card Payments <i>(please note, payments by credit card incur a surcharge of 0.57% (inc GST))</i>	
 <input type="checkbox"/>	 <input type="checkbox"/>
Name on Card: _____	Expiry Date: _____
Card Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$147.60
Signature: _____	Date: _____

Application for a Health Services Assessment Certificate

Physical: 23 Dundebur Road, WANNEROO WA 6065 **Postal:** Locked Bag 1, WANNEROO WA 6946

Ph: (08) 9405 5000 **Fax:** (08) 9405 5499 **Email:** health@wanneroo.wa.gov.au