

Application to Transfer a Health Premises

Public Health and Wellbeing Act 2008

Fields marked with an asterisk (*) are mandatory and must be completed.

Applicant Details

Existing Proprietor 1

Title* Surname* Given names*

ABN ACN

Business name Company name

Address

PO Box GPO Box Private Bag Locked Bag RRN RSD

Street address/ Postal address*

Suburb / Town* State* Postcode*

Please provide at least one phone number and include the area code *

Business phone After hours phone Business fax Mobile

() () () ()

Email

If there is more than one proprietor of the business, complete details for each below. If no, proceed to the 'Contact Details' section.

Existing Proprietor 2 (if applicable)

Title* Surname* Given names*

ABN ACN

Business name Company name

Address

PO Box GPO Box Private Bag Locked Bag RRN RSD

Street address/ Postal address*

Suburb / Town* State* Postcode*

Business phone After hours phone Business fax Mobile

() () () ()

Email

Contact Details

Contact details for this application (if different from above)

Title*

Surname*

Given name(s)*

ABN

ACN

Business name

Company name

Address

PO Box

GPO Box

Private Bag

Locked Bag

RRN

RSD

Street address*

Suburb / Town

State

Postcode

Business phone

()

After hours phone

()

Business fax

()

Mobile

()

Email

Proposed (New) Proprietor Details

Proprietor 1

Title*

Surname*

Given Names*

ABN

ACN

Business Name

Company Name

Address

PO Box

GPO Box

Private Bag

Locked Bag

RRN

RSD

Street address/ Postal address*

Suburb / Town*

State*

Postcode*

Please provide at least one phone number and include the area code *

Business phone

After hours phone

Business fax

Mobile

Email

If there is more than one proprietor of the business, complete details for each below.

Proprietor 2 (if applicable)

Title*

Surname*

Given names*

ABN

ACN

Business name

Company name

Address

PO Box

GPO Box

Private Bag

Locked Bag

RRN

RSD

Street address/ Postal address*

Suburb / Town*

State*

Postcode*

Business phone

After hours phone

Business fax

Mobile

Email

Premises details

Address

Street address / Postal address *

Suburb / Town *

State *

Postcode *

Primary language spoken at premises (to assist with communication in the future)

Health Premises Details

Please choose the business activity that your business conducts* (please select all those that apply):

Beauty therapy

Hairdressing

Colonic irrigation

Skin penetration

Tattooing

Other (please specify below)

Is the business a Mobile Health Premises? Y/N *

Note: mobile personal care and body art businesses that conduct skin penetration are not permitted.

If you are a mobile hairdresser or a mobile beauty therapist, please register your primary place of business

Description how/what the premises will be used for * e.g. body piercing and facials

Payment Details

~~2018/2019~~ Health Premises transfer fee: \$145.00 (per transfer)

Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application forms a legal document and penalties exist for providing false or misleading information
- I am over 18 years at the time of completing this application

By marking this checkbox I confirm that I have read and understood all the statements above *

Name of person completing this application *

Date *

Signature of person completing this application *

Privacy Statement

The information gathered in the form is used by Council to process the application.

To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at:
www.murrindindi.vic.gov.au

Lodgement

Please submit this form to:

Environmental Health Unit
Murrindindi Shire Council
PO Box 138, Alexandra Vic 3714
T: 5772 0333
E: msc@murrindindi.vic.gov.au