**Application to Transfer Registration of Health Premises**

Public Health and Wellbeing Act 2008

# Council use only

Application date:- Ledger number:- Application number:- Date of registration:-

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# Strathbogie Shire Council

**Proposed (New) proprietor details**

Title

Surname \*

Given Name(s)

ABN

ACN

Business Name

Company Name

**Address**

Street address / Postal address \*

61 03 57950000 [http://www.strathbogie.vic.gov.au](http://www.strathbogie.vic.gov.au/)

Questions marked with an asterisk (\*) are mandatory and must be completed

**Council specific information**

Please use this form to apply to Shire of Strathbogie Council to transfer a health premises from the current proprietor to a new proprietor.

Please note that the transfer is not official until Council has approved this application.

**Applicant details**

**Existing Proprietor**

Is this proprietor a contact for this application?

Yes

No

Title

Surname \*

Given Name(s)

ABN

ACN

Business Name

Company Name

**Address**

Street address / Postal address \*

Suburb / Town \*

State \*

Postcode \*

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

Business phone Home phone Business fax

Mobile

Email

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**Health premises details**

Please choose the business activity that your business conducts \* *Please select all those that apply*

Is the business a mobile health premises? \*

Yes

No

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

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

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

Suburb / Town \*

State \*

VIC

Postcode \*

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

Business phone Home phone Business fax

Mobile

Email

**Contact details**

**Contact for this application**

Title

Surname \*

Given Name(s)

**Address**

Street address / Postal address \*

Suburb / Town \*

State \*

Postcode \*

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

Business phone Home phone Business fax

Mobile

Email

**Premises details**

**Address**

Street address / Postal address \*

Suburb / Town \*

State \*

VIC

Postcode \*

Primary Language Spoken at Premises \* *(to assist with communication in the future)*

|  |  |  |
| --- | --- | --- |
| Beauty therapy | Hairdressing | Colonic irrigation |
| Skin penetration | Tattooing | Other |

**Supporting documents**

**Additional Information as Requested by Council** Only (1) Copy. If providing attachment electronically, please supply as: doc

If you have discussed this application with Council prior to delivering the application to Council, Council may request

additional information based upon the nature of the application.

**Payment details**

For relevant fees and charges please contact Council on 1800 065 993.

**How to pay:**

By cash, cheque or credit card - If you know the fee to be paid, include payment when delivering the form. If you do not know the fee to be paid, Council will contact you after receiving the application and advise you of the fee and how to pay it.

**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 ticking this checkbox I confirm that I have read and understood all the statements above \* Name of person completing this application \*

Signature of person completing this application

Date \*

Name of the existing proprietor \*

Signature of the existing proprietor

Date \*

**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 <http://www.business.vic.gov.au/BUSVIC/STANDARD/PRIVACY.html>

**Lodgement**

**If you intend to post this form please use the details provided below:**

Strathbogie Shire Council

Address: PO Box 177 Euroa 3666

Telephone: 61 03 57950000

Fax: 61 03 5795 3550

Email: info@strathbogie.vic.gov.au Website: [http://www.strathbogie.vic.gov.au](http://www.strathbogie.vic.gov.au/)