



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:

Moira Shire Council

61 03 58719222 <http://www.moira.vic.gov.au>

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

Council specific information

Please use this form to apply to Moira Shire 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

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 Home phone Business fax Mobile

Email

Proposed (New) proprietor details

Title Surname* Given Name(s)

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

Home 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

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*

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

Please contact Council to determine appropriate fee.

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 *

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:

Moira Shire Council

Address: PO Box 578 Cobram 3643

Telephone: 61 03 58719222

Fax: 61 03 58721567

Email: webmaster@moira.vic.gov.au

Website: <http://www.moira.vic.gov.au>

