APPLICATION

Application to Transfer a Health or Accommodation Premises

Public Health and Wellbeing Act 2008

IMPORTANT - If your premises only provides hairdressing, barbering or temporary makeup, please complete a Health Premises Ongoing Registration Hairdresser and Temporary Make-up Services Application.

Existing proprietor details				
Surname				
Given Names				
Postal Address			State	
Street Address			Postcode	
Telephone	(Home)	(Work)	(Mobile)	
Email				

Premises details			
Trading name of premises			
Premises Address			
Suburb/Town		State	Postcode
Contact person at premises (if not the proprietor)			
Surname		Given name (s)	
Business Phone		Mobile	
Email			

New proprietor details				
Surname				
Given Names				
Business Name / Company				
Postal Address			State	
Street Address			Postcode	
Telephone	(Home)	(Work)	(Mobile)	
Email				

Declaration

I understand and acknowledge that:
- The information provided in this application is true and complete to the best of my knowledge
- This application is a legal document and penalties exist for providing false or misleading information

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).
If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name.

Existing Proprietor

Signature		Signature	
Print applicant name		Print applicant name	
Date		Date	

Proposed new proprietor

Signature		Signature	
Print applicant name		Print applicant name	
Date		Date	

Registration and Renewal Fees

Once your application has been received, we will contact you with fee amount and how to pay your registration fee. This fee must be paid prior to your inspection.

You are required to renew your registration annually by 30th of November.

For more information about the appropriate fees, please visit our website or contact the Environmental Health Department on 03 5871 9222.

Collection Statement

Your application and the personal information on this form is being collected by Moira Shire Council for the purposes of administrating your application for a Transfer of a Health or Prescribed Accommodation Premises.

The information collected is required under the Public Health and Wellbeing Act 2008 and will be used for the purpose it was collected and/or a directly related purpose. If you do not provide the information in your application it may result in the application not being accepted, lapsing or being refused. Information collected may be disclosed if required by legislation.

You must not submit any personal information or copyright material of third parties without their informed consent. By submitting the material, you agree that the use of the material as detailed above does not breach any third party's right to privacy and copyright.

You can find out more about how we use and protect your information by viewing our Privacy Statement on our website www.moira.vic.gov.au. If you require access to the information you have provided, please contact Council.

Lodgement

Moira Shire Council

- By email: info@moira.vic.gov.au
- By post: PO Box, 578, Cobram VIC 3644
- In Person:

Cobram Service Centre
44 Station Street Cobram
Monday to Friday 9am – 4:30pm

Yarrawonga Service Centre
100 Belmore Street Yarrawonga
Monday to Friday 9am – 4:30pm (closed 12-1pm daily)

Moira Shire Council
ABN: 20 538 141 700
Post: PO Box 578, Cobram, Vic 3643
DX: 37801, Cobram

Cobram Administration Centre:
44 Station Street, Cobram
Yarrawonga Service Centre:
100 Belmore Street, Yarrawonga

Phone: 03 5871 9222
Fax: 03 5872 1567
NRS: 133 677

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