

## Application to Transfer Registration of Health Premises Public Health and Wellbeing Act 2008

Moyne Shire Council Tel: 03 5568 0555 www.moyne.vic.gov.au

Counci	l Use Only
Application Date :-	
Document ID:-	
Application Number:-	

### **Applicant Details**

Existing Proprietor	
(If there is more than one proprietor of the business, complete details for each below)	
Title Surname Given Names	
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 After hours phone Business Fax Mobile	
Email	
Existing Proprietor 2 (if applicable)	
Existing Proprietor 2 (if applicable)	
Title     Surname     Given Names	
Title Surname   ABN ACN	
Title     Surname     Given Names	
Title Surname   Given Names   ABN   ACN   Business Name   Company Name	
Title Surname   Given Names   ABN   ACN   ABN   ACN   Business Name   Company Name   Address	
Title Surname   Given Names   ABN   ACN   Business Name   Company Name	
Title Surname   Given Names   ABN ACN   Business Name   Company Name   Address   Street Address/ Postal Address   Street Address	
Title Surname   Given Names   ABN   ACN   ABN   ACN   Business Name   Company Name   Address	
Title Surname   ABN   ABN   ACN   Business Name   Company Name   Business Name   Company Name   Address   Street Address/ Postal Address   Street Address/ Postal Address   Street Address   Street Address   Street Address   Street Address	
Title Surname   ABN   ABN   ACN   Business Name   Company Name   Address   Street Address   Street Address   Street Address   Street Address   Street Address   Please provide at least one phone number and include the area code	
Title Surname   ABN   ABN   ACN   Business Name   Company Name   Business Name   Company Name   Address   Street Address/ Postal Address   Street Address/ Postal Address   Street Address   Street Address   Street Address   Street Address	
Title Surname     ABN        ABN        ACN     Business Name     Company Name     Business Name     Company Name     Address     Street Address/ Postal Address     Suburb / Town     State        Please provide at least one phone number and include the area code     Business Phone     After hours phone     Business Fax        Mobile	
Title Surname   ABN   ABN   ACN   Business Name   Company Name   Address   Street Address   Street Address   Street Address   Street Address   Street Address   Please provide at least one phone number and include the area code	

# Proposed (New) Proprietor Details

<b>Proposed Proprietor</b> (If there is more than one propriet	tor of the bi	isiness	com	nlete de	etails	for e	ach h	рејои	/)									
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Email																		
Proposed Proprietor 2 (if appl	licable)																	
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Title Surname	licable)	A			ames	any N	ame		]									]
Title  Surname    ABN    Business Name	licable)	A				any N	ame		]									]
Title Surname   ABN   Business Name   Address	licable)					any N	ame		]									]
Title  Surname    ABN    Business Name		A				any N	ame		]									]
Title Surname ABN Business Name Address Street Address/ Postal Address		A			Compa	any N	ame		]									]
Title Surname   ABN   Business Name   Address						any N	ame			ode	è							]
Title Surname ABN Business Name Address Street Address/ Postal Address Suburb / Town					Compa	any N	ame	Pe	Dostco	ode								]
Title Surname     ABN     ABN     Business Name     Business Name     Address     Street Address/ Postal Address     Suburb / Town     Please provide at least one phone of the set one phone of	number and	include			Compa		ame	Pe	Dostco	ode								]
Title       Surname         ABN		include			Compa State		ame			ode			bile					]
Title Surname   ABN   ABN   Business Name   Business Name   Address   Street Address/ Postal Address   Suburb / Town   Please provide at least one phone of Business Phone   After   ( )	number and	include			Compa		ame	P(			•		bile )					]
Title       Surname         ABN	number and	include			Compa State		ame	P	Dostco		÷	<u>Ma</u>						]

## Premises details

#### Address

Suburb / Town		State	Postcode	
Primary Language Spoken at Premise	(to assist with commun	ication in the future)		

Health	Premises	s Details
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Pleas	e cho	ose the business activity that your busi Beauty therapy	ness o	conducts (Please select all those that Hairdressing	apply)	: Colonic irrigation				
		Skin penetration		Tattooing		Other (please specify below)				
Is the	Is the business a Mobile Health Premises?									
	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									
Desc	Description how the premises will be / is used for e.g. body piercing and facials									

# **Payment Details**

Please contact Moyne Shire Council's Environmental Health Officer on 03 5568 0555 to confirm appropriate fee and arrange payment.

	Declaration			
- T - T	stand and acknowledge that: The information provided in this application is true and complete to the best of my k This application forms a legal document and penalties exist for providing false or m 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	I		

# **Privacy Statement**

The personal information on this form is required by Council for Application for Registration of a Health Premises under the Public Health and Wellbeing Act 2008. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend your personal information at any time.

#### Lodgement

Lodge the completed and signed form and all documents with:

Moyne Shire Council PO Box 51 PORT FAIRY VIC 3284

Email: moyne@moyne.vic.gov.au

Telephone: 03 5568 0555

Fax: 03 5568 2515

Website: www.moyne.vic.gov.au