

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)	
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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

Proposed Proprietor (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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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