

# Application to Transfer Registration of Health Premises

## Public Health and Wellbeing Act 2008

Office Use Only			
Application Date		Receipt number	
Receipt code	121	Application Number	

Existing Proprietor Details			
Is this proprietor a contact for this application?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Title	Surname	Given Name(s)	
ABN		ACN	
Business Name		Company Name	
Street/Postal Address			
Suburb		Post Code	
Phone/Mobile			
Email			

Proposed New Proprietor Details			
Title	Surname	Given Name(s)	
ABN		ACN	
Business Name		Company Name	
Street/Postal Address			
Suburb		Post Code	
Phone/Mobile			
Email			

Contact Details			
Title	Surname	Given Name(s)	
Street/Postal Address			
Suburb		Post Code	
Phone/Mobile			
Email			

Premises Details			
Street/Postal Address			
Suburb		Post Code	
Primary Language Spoken at Premises			

## Health Premises Details

Please choose the business activity that your business conducts (select all that apply)

- Beauty therapy                       Hairdressing                       Colonic irrigation  
 Skin penetration                       Tattooing                       Other (specify) \_\_\_\_\_

Is the business a mobile health premises  Yes  No

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

Describe what the premises will be/is used for (eg. body piercing and facials)

## Payment Details

Please contact Council to confirm fee for this application

## Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application form is 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.

Applicant of person completing the application (incoming proprietor)

Signature of person completing the application

Date

Name of existing proprietor (outgoing proprietor)

Signature of existing proprietor

Date

*Privacy Statement: The Surf Coast Shire considers that the responsible handling of personal information is a key aspect of democratic governance, and is strongly committed to protecting an individual's right to privacy. Council will comply with the Information Privacy Principles as set out in the Privacy and Data Protection Act 2014. The information will not be disclosed to any other party unless Council is required to do so by law.*