



## **APPLICATION TO TRANSFER A HEALTH PREMISES PUBLIC HEALTH AND WELLBEING ACT 2008**

### **PROPOSED NEW PROPRIETOR DETAILS**

**Title:**..... **Given name(s):**.....

**Surname:**.....

**Company Name:**.....

**Street Address:**.....

..... **Postcode:**.....

**Postal Address:**.....

..... **Postcode:**.....

.....

**Business Phone:**                      **Mobile Phone:**                      **After Hours Phone:**

**Email Address:**.....

### **PREMISES DETAILS**

**Existing Trading Name:**.....

**Proposed New Trading Name:**.....

**Premises Registration Number:**..... **Expiry Date:**.....

**Street Address:**.....

..... **Postcode:**.....

**Contact at Premises (if not the proprietor):**.....

.....

**Business Phone:**                      **Mobile Phone:**                      **After Hours Phone:**

**Email Address:**.....



**EXISTING PROPRIETOR DETAILS**

Title:..... Given name(s):.....

Surname:.....

Company Name:.....

Address:.....

..... Postcode:.....

Business Phone:

Mobile Phone:

After Hours Phone:

Email Address:.....

**HEALTH RELATED DETAILS**

Please choose the business activity that your business conducts:

Beauty therapy

Hairdressing

Skin Penetration

Tattooing

Colonic Irrigation

Other:.....

Description of Use of Premises:.....

.....

Is this business a mobile health premises? Yes:  No:

**PAYMENT AND LODGMENT DETAILS**

This application form can be lodged in person at one of our Library and Customer Service Centres, by post, or emailed to [mitchell@mitchellshire.vic.gov.au](mailto:mitchell@mitchellshire.vic.gov.au).

Please visit

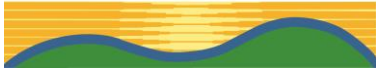
[https://www.mitchellshire.vic.gov.au/downloads/Services/Building\\_Planning\\_Transport/Environmental\\_Public\\_Health/Environmental\\_Health\\_Fees\\_2016-17.pdf](https://www.mitchellshire.vic.gov.au/downloads/Services/Building_Planning_Transport/Environmental_Public_Health/Environmental_Health_Fees_2016-17.pdf) for the current Fee Schedule for

Environmental Health or contact Council on the details listed at the top of this page.

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**PRIVACY STATEMENT:** Personal information collected by Council is used for municipal purposes as specified in the Local Government Act 1989 or other relevant legislation. The personal information will be used solely by Council for these purposes and/or directly related purposes. Council may disclose this information to other organisations, if required by legislation. The applicant understands that the personal information provided is for the above purpose and that he/she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to Council's Privacy Officer.

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**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

If the business is owned by a sole trader or partnership, the proprietor(s) must sign and print name(s)

If the business is owned by a company or associated – the applicant on behalf of that body must sign and print their name

.....  
**Applicant Signature:** **Applicant Signature:**

.....  
**Print Name:** **Print Name:**

.....  
**Date:** **Date:**

**Existing proprietor(s) are required to sign and print their name in the declaration.**

.....  
**Existing Proprietor Signature:** **Existing Proprietor Signature:**

.....  
**Print Name:** **Print Name:**

.....  
**Date:** **Date:**