

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

Council Use Only	
Application Number :-	<input type="text"/>
Application Date:-	<input type="text"/>
Fee:-	<input type="text"/>
Ledger Number:-	2125000.5201

Fields marked with an asterisk (*) are mandatory and must be completed.

Council Specific Information

Mount Alexander Shire Council Tel: 61 03 5471 1700

Applicant Details

Existing Proprietor

Title* Surname* Given Names*

ABN ACN

Business Name Company Name

Address

PO Box GPO Box Private Bag Locked Bag RRN RSD

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)

Title Surname Given Names

ABN ACN

Business Name Company Name

Address

PO Box GPO Box Private Bag Locked Bag RRN RSD

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

Contact Details (if different from above)

Title Surname Given Name 1* Given Name 2

Address

PO Box GPO Box Private Bag Locked Bag RMB RSD

Street Address/ Postal Address

Suburb / Town State Postcode

Business Phone () After hours phone () Business Fax () Mobile ()

Email

Business Phone After hours phone Business Fax Mobile

Proposed (New) proprietor details

Proprietor (If there is more than one proprietor of the business, complete details for each below)

Title* Surname* Given Name(s)*

ABN ACN

Business Name Company Name

Address

PO Box GPO Box Private Bag Locked Bag RMB RSD

Street Address *

Suburb / Town State Postcode

Business Phone () After hours phone () Business Fax () Mobile ()

Email

Proprietor 2 (if applicable)

Title

Surname

Given Name(s)

ABN

ACN

Business Name

Company Name

Address

PO
Box

GPO
Box

Private
Bag

Locked
Bag

RRN

RSD

Street Address

Suburb / Town

State

Postcode

Business Phone

After hours phone

Business Fax

Mobile

Email

Premises details

Address

Street Address / Postal Address *

Suburb / Town *

State *

Postcode *

Primary Language Spoken at Premises* (to assist with communication in the future)

Health Premises Details*

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

Beauty therapy

Hairdressing

Colonic irrigation

Skin penetration

Tattooing

Other (please specify below)

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

Description how the premises will be / is used for * e.g. body piercing and facials

Payment Details

Refer to Council's website for appropriate fee :

http://www.mountalexander.vic.gov.au/Page/Page.asp?Page_Id=461&h=0

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
- I 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 *

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to http://www.mountalexander.vic.gov.au/Page/Page.asp?Page_Id=126&h=1

Lodgement

If you intend to post or fax this form please use the details provided below:

Mount Alexander Shire Council
PO Box 185
CASTLEMAINE VIC 3450

Telephone: 03 5471 1700
Fax: 03 5471 1749
Email: info@mountalexander.vic.gov.au
Website: www.mountalexander.vic.gov.au