

▶ Application to Transfer Health Premises

Public Health & Wellbeing Act 2008

Applicant Details

New Proprietor

Title	Surname	Given Name (s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Name	Company Name	
<input type="text"/>	<input type="text"/>	

Address

Street Address / Postal Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone	After Hours Phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Contact Details

Contact for this application *(if different from previous section)*

Title	Surname	Given Name (s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address / Postal Address		
<input type="text"/>		
Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Phone	After Hours Phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		
<input type="text"/>		

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Existing Proprietor Details

Title Surname Given Name (s)

Street Address / Postal Address

Suburb / Town State Postcode

Business Phone After Hours Phone Mobile

Email

Premises Details

Premises Trading Name

Premises Street Address

Suburb / Town State Postcode

Primary Language spoken at the 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 or business.

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

Payment Details

Please refer to the fee schedule to confirm the appropriate fee.

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 provide 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

Any personal information disclosed on this form has been collected by Hepburn Shire Council for the provision of the services referred to on this form. This information will be used by Council for that purpose or directly related purpose and will not be disclosed to any other party except as required by law.

Council collects personal information in accordance with the Information Privacy Principles as set out in the *Information Privacy Act 2000*, and Council's Privacy Policy which is available at our offices or on Council's website http://www.hepburn.vic.gov.au/Page/Page.asp?Page_Id=545.

Requests for access and/or correction to information provided should be made to Council's Privacy Officer on 5321 6450.

Lodgement

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

Hepburn Shire Council – Environmental Health Department
P O Box 21
DAYLESFORD Vic 3460

Telephone: 5348 2306
Fax: 5348 2911

Email: shire@hepburn.vic.gov.au
Website: www.hepburn.vic.gov.au