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| NSC letterhead_logo exact sizeApplication to Transfer Registration ofHealth PremisesPublic Health and Wellbeing Act 2008**Nillumbik Shire Council****Tel:** 03 **9433 3340**[**www.nillumbik.vic.gov.au**](http://www.nillumbik.vic.gov.au) |

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| Council Use Only |
| Receipt number :- |  |  |  |
|  |  |  |  |
| Application date:- |  |  |  |
|  |  |  |  |
| Lodgement date:- |  |  |  |
|  |  |  |  |

 |

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

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| **Council Specific Information** |
| **Application for transfer of registration must be accompanied by 1 copy of the floor plan** |

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| **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  |  |
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|  | 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 |  |
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|  | Email  |  |  |
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|  | Business Phone |  | After hours phone |  | Business Fax |  | Mobile |  |
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| **Proposed (New) proprietor details** |
|  | **Proprietor** (*If there is more than one proprietor of the business, complete details for each below)* |  |
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| --- | --- | --- | --- | --- | --- | --- |
| Title\* |  | Surname\* |  | Given Name(s) \* |  |  |
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| Business Name | Company Name |
|  |  |  |

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| **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  |  |  |
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|  | **Proprietor 2 (if applicable)** |  |
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| --- | --- | --- | --- | --- | --- | --- |
| Title |  | Surname |  | Given Name(s)  |  |  |
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| ABN | ACN |
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| Business Name | Company Name |
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| --- |
| **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  |  |  |
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| **Premises details** |
|  | **Address** Street Address / Postal Address \* |  |
|  |  |  |
|  | Suburb / Town \* |  | State \* |  | Postcode \* |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Primary Language Spoken at Premises\* (to assist with communication in the future) |  |  |  |
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| **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) |  |
|  |  |  |  |  |  |  |  |
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| Is the business a Mobile Health Premises? \* *Note: Mobile personal care and body art businesses that conduct skin penetration are not permitted.*

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| 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 |

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| **Payment Details** |
|  | **Transfer for a Health premises is $180.00** |  |
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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 - 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 \* |  |  |  |
|  |  |  |  |  |  |
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| **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 [www.](http://www.business.vic.gov.au/BUSVIC/STANDARD/PRIVACY.html)nillumnik.vic.gov.au. |

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| **Lodgement** |
| **If you intend to post or fax this form please use the details provided below:**Nillumbik Shire Council Telephone: 03 9433 3340PO Box 476 Fax: 03 9433 3777GREENSBOROUGH VIC 3088 Email: health.services@nillumbik.vic.gov.au Website: www.nillumbik.vic.gov.au |
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