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| NSC letterhead_logo exact sizeApplication to Transfer Registration of  Health Premises  Public Health and Wellbeing Act 2008  **Nillumbik Shire Council**  **Tel:** 03 **9433 3340**  [**www.nillumbik.vic.gov.au**](http://www.nillumbik.vic.gov.au) | |  |  |  |  | | --- | --- | --- | --- | | 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 \* | | | | | | | | | | | | | | |  | | | |  | | |  |
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|  | ABN | | | | | | | | | | | | | | | | | | | ACN | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Business Name | | | | | | | | | | | | | | | | | | | | | | | | | | | Company Name | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  |
|  | **Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | PO Box | | | |  | | | GPO Box | | | | | |  | | Private Bag | | | |  | | Locked Bag | | | | | | | |  | | RRN | | | |  | | | RSD | | | | | | |
|  | Street Address/ Postal Address\* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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 | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | |
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| **Existing Proprietor 2 (if applicable)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  |
|  | Title | | | |  | | | Surname | | | | | | | | | | | | | |  | | Given Names | | | | | | | | | | | | | | |  | | | |  | | |  |
|  |  | | | |  | | |  | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | 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/ Postal Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 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 | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | |
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|  | **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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Suburb / Town | | | | | | | | | | | | | | | | | | |  | | | | | | | State | | | |  | | Postcode | | | | | | | | | | |  | | |
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|  | 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)* | | | | | | | | | | | | | | | |  | |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Title\* |  | Surname\* |  | Given Name(s) \* |  |  | |  |  |  |  |  | | | | | | | | | | | | | | | | | | |  | |
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|  | |  |  |  |  | | --- | --- | --- | --- | | Business Name | | Company Name | | |  |  |  | | | | | | | | | | | | | | | | |  | |
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|  | Street Address \* | | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | | |  | |
|  | | Suburb / Town | | | |  | | | State | |  | | Postcode | | |  | | | |
|  | |  | | | |  | | |  | |  | |  | | |  | | | |
|  | | Business Phone |  | After hours phone |  | | | Business Fax | | | |  | | | Mobile | | |  | |
|  | | (      ) |  | (      ) |  | | | (      ) | | | |  | | | (      ) | | |  | |
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|  | **Proprietor 2 (if applicable)** | | | | | | | | | | | | | | | |  | |
|  | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Title |  | Surname |  | Given Name(s) |  |  | |  |  |  |  |  | | | | | | | | | | | | | | | | | | |  | |
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|  | |  |  |  |  | | --- | --- | --- | --- | | 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 | | |  | |
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| **Premises details** | | | | | | | | |
|  | **Address**  Street Address / Postal Address \* | | | | | | |  |
|  |  | | | | | | |  |
|  | Suburb / Town \* |  | | State \* |  | Postcode \* |  | |
|  |  |  |  | |  |  |  | |
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|  | 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.*   |  | | --- | | 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 3340  PO Box 476 Fax: 03 9433 3777  GREENSBOROUGH VIC 3088 Email: health.services@nillumbik.vic.gov.au  Website: www.nillumbik.vic.gov.au |
|  |