



Public Health and Wellbeing Act 2008

Application to Transfer a Registered Premises

INFORMATION

Please complete this form and provide it to Horsham Rural City council together with the **Transfer Fee** as detailed in the Tax Invoice provided.

If your premises have altered since the initial floor plan was submitted you will need to submit an updated version of this plan.

Please ensure that you have spoken to both the Building and Planning Departments in council to ensure that your application meets all of the relevant building and planning requirements.

If you provide accommodation for three or less people and will not be serving food to guests and/or the public, you do not need to proceed with this application.

Is this an Application for a:

Application to Register - Receipt Code: 32

NEW PROPRIETOR DETAILS

Name of New Proprietor:

Address of New Proprietor:

Contact Details:

Home Phone:

Fax Number:

Mobile Phone:

Email:

EXISTING PROPRIETOR DETAILS

Name of Existing Proprietor

Address of Existing Proprietor:

Contact Details:

Home Phone:

Fax Number

Mobile Phone:

Email:

PREMISES DETAILS

Business /Trading Name:

ABN/ACN

Premises Address:

Contact Details:

Business Phone:

Business Fax:

Mobile Phone:

Business email:

PRESCRIBED PREMISES DETAILS**Please choose the business activity that your business conducts:**

Please select all that apply:

Hairdressing

Beauty Therapy

Tattooing

Skin Penetration

Colonic Irrigation

Other

Description of processes conducted at your business: eg. body piercing, dry needling, facials.**Is this business a mobile health premises?**

YES

NO

If you are a mobile hairdresser or beauty therapist, please register your primary place of business.

PLANS

Initial Registration requires a plan to be submitted with the application. Please attach a copy of your kitchen floor plan.

DECLARATION

I understand and acknowledge that:

1. The information provided in this application is true and complete to the best of my knowledge
 2. This application forms a legal document and penalties exist for providing false or misleading information.
 3. I am Over 18 years at the time of completing this application
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EXISTING PROPRIETOR

Name of Existing Proprietor

Date:

Authority to complete this form

NOTE: Typing names into the above fields is satisfactory, there is no need to print and sign this document

NEW PROPRIETOR

Name of New Proprietor

Date:

Authority to complete this form

NOTE: Typing names into the above fields is satisfactory, there is no need to print and sign this document

Privacy

Horsham Rural City Council will only use the personal information you provide in or with this form for matter relating to your registration in accordance with the Information Privacy Act 2001 (Vic)

Submission

Please save this document to your computer and send it via email to Council at council@hrcc.vic.gov.au
