APPLICATION TO TRANSFER A PUBLIC HEALTH PREMISES

Please tick one of the following: Sole trader O Partnership O Company O

Section 71 Public Health and Wellbeing Act 2008 (Vic)



Incorporated

APPLICANT DETAILS

Association O	
Name of Proprietor:	
ABN/ACN:	
Contact Name:	
Proprietor's contact details:	Phone: Mobile:
	Email:
BUSINESS DETAILS	
Name of Business:	
Business address:	
Postal Address:	
Business contact details:	Phone: Mobile:
	Email:
Premises type:	O Beauty Therapy O Colonic Irrigation O Hairdresser (only) O Mobile Hairdressers O Tattooing O Make up only O Skin Penetration (microblading/ear piercing) O Other (Specify):

DECLARATION

I understand and acknowledge that upon paying the registration fee for this premise that:

- The information provided in this application is true and complete to the best of my knowledge, and;
- The application forms a legal document and penalties exist for providing false or misleading information.

EXISTING PROPRIETOR NEW APPLICANT Signature/s Name/s Position of authority to sign Date

PRIVACY STATEMENT

The personal information requested on this form is being collected by Moorabool Shire Council in accordance with the Public Health and Wellbeing Act 2008. It will be used for the transfer of business registration purposes and to enable future communications with you. It will not be disclosed to third parties unless required by law. Not providing the personal information requested may mean that we will be unable to process your application. You may request access and/or correction of your personal information held by Council, by contacting Council's Privacy Officer on 5366 7100 or info@moorabool.vic.gov.au



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