I/We, the undersigned, hereby apply to transferunder the provisions of the *Public Health and Wellbeing Act 2008* the premises described below with Moorabool Shire Council.

|  |  |
| --- | --- |
| **Transfer fee** | $246.00 |

**CURRENT PROPRIETOR DETAILS**

|  |  |
| --- | --- |
| **Name of proprietor:** |  |
| **Trading name:** |  |
| **Business address:** |  |
| **Contact person’s details:** | Phone: | Mobile: |
| Email: |

 **NEW PROPRIETOR DETAILS**

|  |  |
| --- | --- |
|

|  |
| --- |
| Please tick one of the following to indicate the operational structure of the business:[ ] Sole trader  [ ] Partnership  [ ] Company  [ ] Incorporated association |

 |
| **Name of applicant:** |  |
| **Trading name:** |  |
| **ABN/ACN:** |  |
| **Applicant’s contact details:** | Phone: | Mobile: |
| Email: |
| **Contact person (if different from applicant):** |  |
| **Contact person’s details:** | Phone: | Mobile: |
| Email: |
| **Business address:** |  |
| **Postal address:** |  |
| **Premises type:** | [ ]  Beauty (eg. nail salon, waxing, ear piercing)  |
| [ ]  Hairdressing only  |
| [ ]  Tattooist and skin penetration (eg. cosmetic tattooing, other piercings, dry needling, microblading)  |
| [ ]  Accommodation (eg. motel, rooming house, bed and breakfast)  |
| **Wastewater:** | [ ]  Sewer [ ]  Septic  |
| **Water supply:** | [ ]  Mains water [ ]  Tank water |

**REGISTRATION CHECKLIST**

|  |
| --- |
| I have contacted all the following before submitting this application to the Environmental Health Team:[ ]  **Council’s Statutory Planning Department:** new/existing permits, change of use[ ]  **Council’s Building Department:** fit out of proposed structural changes[ ]  **Council’s Community Safety Department:** A-frame signage |

**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.
* Please note that failure to provide the correct information may result in a delay in processing your application or your application being declined.

|  |  |  |
| --- | --- | --- |
| **Current and new proprietor signatures:** |  |  |
| **Name:** |  |  |
| **Position:** |  |  |
| **Date:** |  |  |

For payments, Council will generate a invoice after receiving your application. Please be aware that invoices can take up to 5 business days to be generated. Once you have received your invoice, payment can be made via the following options:

* Post bill pay
* B-pay
* Cheque
* In person at one of the Council offices (Ballan, Darley, or Lerderderg Library)

**PRIVACY STATEMENT**
*Your personal information is being collected by Moorabool Shire Council for the purpose of registering your public health business as required the Public Health and Wellbeing Act 2008. Your information will be stored in the Health Manager database and will be used solely by Council for this purpose or a related secondary purpose unless in accordance with the provisions of the Privacy and Data Protection Act 2014. For rooming houses, we may disclose your personal information to third parties, such as Consumer Affairs Victoria (CAV) for registration purposes. For all other businesses, this information will be used to identify you when communicating with Council and for the delivery of services and information. Failure to provide some or all of this information may result in your application not being processed. Requests for access and/or correction should be made to Council’s Privacy Officer. For further information on how your personal information is handled, refer to Council’s Privacy Policy at* [*www.moorabool.vic.gov.au*](http://www.moorabool.vic.gov.au/)*.*