



APPLICATION TO TRANSFER REGISTRATION OF HEALTH PREMISES

Public Health and Wellbeing Act 2008

Office Use Only
Records Department

File No: LA/07/03

Document No:

Council specific information

Please use this form to apply to Buloke Shire Council to transfer a health premises from the current proprietor to a new proprietor. Please note that the transfer is not official until Council has approved this application.

APPLICANT DETAILS

Existing Proprietor

Is the proprietor a contact for this application? Yes No

Title: Surname:

Given Name(s):

ABN

ACN

Business Name:

Company Name:

Address

Street Address:

Town:

P/Code

Postal Address (if different from street address):

Phone:

Mobile:

Fax:

Email:

PROPOSED (NEW) PROPRIETOR DETAILS

Title: Surname:

Given Name(s):

ABN

ACN

Business Name:

Company Name:

Address

Street Address:

Town:

P/Code

Postal Address (if different from street address):

Phone: _____ Mobile: _____ Fax: _____

Email: _____

CONTACT DETAILS

Contact for this application

Surname: _____ Given Name(s): _____

Address
Street Address: _____ Town: _____ Postcode: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

PREMISES DETAILS

Address
Street Address: _____ Town: _____ Postcode: _____

Primary Language Spoken at Premises: *(to assist with communication in future)*

HEALTH PREMISES DETAILS

Please choose the business activity that your business conducts (Please select all that apply):

- Beauty Therapy Hairdressing Colonic Irrigation
 Skin Penetration Tattooing Other _____

Is the business a Mobile Health Premises? Yes No

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: *(eg body piercing and facials)*

SUPPORTING DOCUMENTS

If providing attachment electronically, please supply as: doc
If you have discussed this application with Council prior to delivering the application to Council, Council may request additional information based upon the nature of the application.

FEES

The fee depends upon the type of health related business. Contact Council to confirm the fees

How to pay:

- By Cash or Cheque - At any of Buloke Shire Council's Offices
- By Cheque - Via post to Buloke Shire Council, PO Box 1 WYCHEPROOF 3527

ACKNOWLEDGMENT

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 ticking this checkbox i confirm that I have read and understood all of the statements above

Full name of existing proprietor:

Signature of existing proprietor:

Date:

Full name of proposed new proprietor:

Signature of proposed new proprietor:

Date:


PRIVACY

We respect your privacy. We will not sell or give away your personal information, unless required by law. Occasionally we may use your details for our own research purposes or to let you know about other council information. If you want to see your personal data, modify your details, or if you receive information from us you do not want in future please call (03) 5478 0100.

LODGEMENT

Note: You are required to sign this form.

Print form - lodge your application (including form, any required supporting information and necessary payment)

 **Mail:** Buloke Shire Council
PO Box 1,
Wycheproof Vic 3527



In Person:
Wycheproof - 367 Broadway, Wycheproof

Telephone: (03) 5478 0100
Fax: (03) 5493 7395
Email: buloke@buloke.vic.gov.au
www.buloke.vic.gov.au