



**Application to Transfer  
Registration of Health Premises**  
Public Health and Wellbeing Act 2008

**Moyne Shire Council**  
Tel: 03 5568 0555  
[www.moyne.vic.gov.au](http://www.moyne.vic.gov.au)

Council Use Only	
Application Date :-	<input type="text"/>
Document ID:-	<input type="text"/>
Application Number:-	<input type="text"/>
Date of registration:	<input type="text"/>

**Applicant Details**

**Existing Proprietor**

*(If there is more than one proprietor of the business, complete details for each below)*

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
ABN	ACN	
<input type="text"/>	<input type="text"/>	

Business Name	Company Name
<input type="text"/>	<input type="text"/>

**Address**

Street Address/ Postal Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Business Phone	After hours phone	Business Fax	Mobile
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>
Email <input type="text"/>			

**Existing Proprietor 2 (if applicable)**

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
ABN	ACN	
<input type="text"/>	<input type="text"/>	

Business Name	Company Name
<input type="text"/>	<input type="text"/>

**Address**

Street Address/ Postal Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Business Phone	After hours phone	Business Fax	Mobile
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>
Email <input type="text"/>			

## Proposed (New) Proprietor Details

### Proposed Proprietor

(If there is more than one proprietor of the business, complete details for each below)

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

### Address

Street Address/ Postal Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

### Proposed Proprietor 2 (if applicable)

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

### Address

Street Address/ Postal Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

## Premises details

### Address

Street Address / Postal Address

Suburb / Town

State

Postcode

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

## Health Premises Details

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

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> Beauty therapy   | <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Colonic irrigation           |
| <input type="checkbox"/> Skin penetration | <input type="checkbox"/> Tattooing    | <input type="checkbox"/> Other (please specify below) |

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Is the business a Mobile Health Premises?

Yes

No

*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

## Payment Details

Please contact Moyne Shire Council's Environmental Health Officer on 03 5568 0555 to confirm appropriate fee and arrange payment.

## 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

## Privacy Statement

The personal information on this form is required by Council for Application for Registration of a Health Premises under the Public Health and Wellbeing Act 2008. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend your personal information at any time.

## Lodgement

Lodge the completed and signed form and all documents with:

Moyne Shire Council  
PO Box 51  
PORT FAIRY VIC 3284

Telephone: 03 5568 0555

Fax: 03 5568 2515

Email: [moyne@moyne.vic.gov.au](mailto:moyne@moyne.vic.gov.au)

Website: [www.moyne.vic.gov.au](http://www.moyne.vic.gov.au)