



Application to Transfer Registration of Health Premises

Public Health and Wellbeing Act 2008

Glenelg Shire Council

(03) 5522 2200 www.glenelg.vic.gov.au

Questions marked with an asterisk (*) are mandatory and must be completed

CURRENT Proprietor details

I/We, the undersigned proprietor/s hereby apply to transfer the registration under the provisions of the Food Act 1984 for the premises described hereunder:

Title Surname Given name(s)

If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Director of company)

Authority Company name (if applicable)

e.g. Director of company

Street address / Postal address

Suburb / Town State Postcode

Please provide at least one phone number (include the area code) & email

Business phone Home phone Business fax Mobile

Email

PROPOSED NEW Proprietor details

Title Surname Given name(s)

If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Director of company)

Authority Company name (if applicable)

e.g. Director of company

Street address / Postal address

Suburb / Town State Postcode

Please provide at least one phone number (include the area code) & email

Business phone Home phone Business fax Mobile

Email

Health Premises Details

Type of personal care/body art procedures to be carried out by business (select all that apply):
(Low risk activities/services)

Hairdressing..... Application of cosmetics that does not involve skin penetration or tattooing

(Higher risk activities/services)

Manicures, pedicures, other nail treatments Facial or body treatments

Foot spa treatments Body piercing or other skin penetration procedures

Hair removal by electrolysis or wax Ear piercing

Tattooing (includes permanent and semi-Permanent make-up or cosmetic tattooing) Colonic irrigation

Other (please specify)*

NOTE that if your application is for low risk activities only (see above) the registration will be ongoing and annual renewal will not be required.

Premises Details

Trading name of premises *

Premises address
Street address *

Suburb / Town * State * Postcode *

Contact person at premises (if not the proprietor)
Title Surname Given name(s)

Please provide at least one phone number and include the area code
Business phone Home phone Business fax Mobile

Email

Payment details

Transfer of Health Premises fee for 2016/2017 is \$49.20

Return with payment to:

Environmental Health
Glenelg Shire Council
PO Box 152
PORTLAND VIC 3305

☎ (03) 5522 2229
☎ (03) 5522 2290
✉ gandrews@glenelg.vic.gov.au

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

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name.

CURRENT Proprietor

Signature

Signature

Print Name

Print Name

Date

Date

PROPOSED NEW Proprietor

Signature

Signature

Print Name

Print Name

Date

Date

Proposed transferring date: