



# Application to Transfer Registration of Health Premises

Public Health and Wellbeing Act 2008

**Glenelg Shire Council**

(03) 5522 2200 [www.glenelg.vic.gov.au](http://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

### 2017-2018 Payment details

Health Premises Transfer of Registration fee - \$50.00  
Health Premises On-going Registration fee - \$100.00

### Return with payment to:

Environmental Health  
Glenelg Shire Council  
PO Box 152  
PORTLAND VIC 3305

☎ (03) 5522 2229  
☎ (03) 5522 2290  
✉ [akennett@glenelg.vic.gov.au](mailto:akennett@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: