



Application to Transfer Health Premises

Public Health and Wellbeing Act 2008

Council Use Only

Application Number :-

Application Date:-

Ledger Number:-

Southern Grampians Shire Council

Tel: 03 5573 0256 www.sthgrampians.vic.gov.au

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

Council Specific Information

Please use this form to notify Southern Grampians Shire Council of your intent to transfer a health related business under the Public Health and Wellbeing Act 2008. Please note the transfer is not official until Council has approved the application.

Existing Proprietor Details

Proprietor

Is this proprietor a contact for this application? Yes No

Title* Surname* Given Names*

ABN ACN

Business Name Company Name

Address

Street Address/ Postal Address*

Suburb / Town* State* Postcode*

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

Business Phone After hours phone Business Fax Mobile

Email

Proposed (New) Proprietor Details

Proprietor

Is this proprietor a contact for this application? Yes No

Title* Surname* Given Names*

ABN ACN

Business Name Company Name

Address

Street Address/ Postal Address*

Suburb / Town* State* Postcode*

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

Business Phone

After hours phone

Business Fax

Mobile

Email

Contact details

Contact for this application

Title*

Surname*

Given Name(s) *

ABN

ACN

Business Name

Company Name

Address

Street Address *

Suburb / Town

State

Postcode

Business Phone

After hours phone

Business Fax

Mobile

Email

Health Premises Details*

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

Beauty Therapy

Hairdressing

Colonic Irrigation

Skin Penetration

Tattooing

Other

Other*

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

Premises details

Address

Street Address / Postal Address *

Suburb / Town *

State *

Postcode *

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

Supporting Documents

Request for Inspection of a Premises Application

Application requests Transfer inspection and consent from the Health Premises proprietors to disclose information and the publication of any documents for the said premises.

Floor Plans Only (1) copy

Plans, to scale showing the layout of all fixtures, fittings, equipment. Indicate the uses of each room and outdoor areas (includes storage and rubbish areas).

Additional Information As Requested By Council Only (1) Copy

If providing attachment electronically please supply as: docx, jpeg, 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.

Payment Details

Please contact Council to confirm the applicable fee to Transfer Health Premises Registration.

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 information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to http://www.sthgrampians.vic.gov.au/Page/Page.asp?Page_Id=263&h=-1.

Lodgement

In order to successfully lodge this form please use the details provided below:

POST:

Southern Grampians Shire Council
Environmental Health
Locked Bag 685
Hamilton Vic 3300

Email: council@sthgrampians.vic.gov.au
Website: www.sthgrampians.vic.gov.au
Telephone: 03 5573 0256

IN PERSON:

1 Market Place
Hamilton Vic 3300

FAX:

03 5571 1068