



Hindmarsh
Shire Council
Hindmarsh Shire Council
Tel: (03) 5391 4444
www.hindmarsh.vic.gov.au

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

Council Use Only
Application Number: <input type="text"/>
Application Date: <input type="text"/>
Ledger Number: <input type="text"/>

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

Council Specific Information

Environmental Health Officer, Hindmarsh Shire Council, PO BOX, NHILL, VIC, 3418

Applicant Details

Existing Proprietor

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 number and include the area code*

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

Email

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

Address

Street Address / Postal Address*

Suburb / Town*

State*

Postcode*

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

Business Phone

After Hours

Business Fax

Mobile

Email

Contact Details (if different from above)

Title*

Surname*

Given Names*

Address

Street Address / Postal Address*

Suburb / Town*

State*

Postcode*

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

Business Phone

After Hours

Business Fax

Mobile

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 that apply)

Beauty Therapy

Hairdressing

Colonic irrigation

Skin penetration

Tattooing

Other (please specify below)

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

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 www.hindmarsh.vic.gov.au.

Lodgement

If you intend to post or fax this form, please use the details provided below:

Hindmarsh Shire Council
PO BOX 250
NHILL VIC 3418

Telephone: (03) 5391 4444
Fax: (03) 5391 1736
Email: info@hindmarsh.vic.gov.au
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