



ENVIRONMENTAL HEALTH APPLICATION FOR TRANSFER OF REGISTRATION HEALTH/PREScribed ACCOMODATION PREMISES

Collection Notice

We will handle any personal information you have provided in this form in accordance with the Privacy and Data Protection Act 2014. Our privacy policy contains information about how you may access your personal information and seek correction of such information; as well as how to complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint. For more information, please see our Privacy Policy or contact our team on (03) 5391 4444. Your personal information will not be disclosed to any other party unless Council is required to do so by law, has gained your consent to do so or an information privacy principle exemption applies.

IMPORTANT: Once your form has been processed, you will receive an invoice for payment. Payment must be made **within 30 days**, or your application may not be processed.

Areas marked with a red asterisk (*) are mandatory and must be completed.

Council Use Only:

Application Number:	Application Date:	Ledger Number:
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Council Specific Information

Environmental Health Officer, Hindmarsh Shire Council, PO Box 250, NHILL, VIC 3418
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Existing Proprietor*:

Is this proprietor a contact for this application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If there is more than one proprietor of the business, complete the details for each below

Title:	Surname:	Given Name/s:
ABN:	ACN:	
Business Name:	Company Name:	
Address:		
Business Phone:	Mobile:	Email:

Existing Proprietor 2 (if applicable):

Title:	Surname:	Given Name/s:
ABN:	ACN:	
Business Name:	Company Name:	
Address:		
Business Phone:	Mobile:	Email:



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Proposed New Proprietor Details*

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

Title:	Surname:	Given Name/s:	
ABN:		ACN:	
Business Name:		Company Name:	
Address:			
Business Phone:	Mobile:	Email:	

Existing Proprietor 2 (if applicable):

Title:	Surname:	Given Name/s:	
ABN:		ACN:	
Business Name:		Company Name:	
Address:			
Business Phone:	Mobile:	Email:	

Premises Details*

Premises Address:
Primary Language spoken at Premises (to assist with communication in the future):

Business Details*:

Will the premises provide food to guests or the public?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Please choose the business activity that your business conducts (please select all that apply)

<input type="checkbox"/>	Beauty Therapy	<input type="checkbox"/>	Hair Dressing	<input type="checkbox"/>	Colonic Irrigation
<input type="checkbox"/>	Tattooing	<input type="checkbox"/>	Skin Penetration	<input type="checkbox"/>	Other (please specify below)
<input type="checkbox"/>	Holiday Camps	<input type="checkbox"/>	Hostel/Motel	<input type="checkbox"/>	Residential Accommodation
<input type="checkbox"/>	Rooming Accommodation	<input type="checkbox"/>	Student Dormitory		

Other:



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Is the business a Mobile Health Business?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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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)

Maximum number of guests accommodated?	Number of rooms:
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Declaration*:

By signing this form, 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.

Current Proprietor Signature*:

Name Printed:	Date:
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New Proprietor Signature*:

Name Printed:	Date:
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