Hindmarsh Shire Council

ENVIRONMENTAL HEALTH

APPLICATION FOR TRANSFER OF REGISTRATION OF HEALTH, BEAUTY OR ACCOMMODATION PREMISES

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:

Council Specific Information:
Environmental Health Officer, Hindmarsh Shire Council, PO Box 250, NHILL, VIC 3418

Existing Proprietor*:

Is this proprietor a contact for this application?	☐ Yes	☐ No

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:

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:

Hindmarsh Shire Council

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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?	☐	Yes	☐ No

Please choose the business activity that your business conducts (please select all that apply)

☐	Beauty Therapy	☐	Hair Dressing	☐	Colonic Irrigation
☐	Tattooing	☐	Skin Penetration	☐	Other (please specify below)
☐	Holiday Camps	☐	Hostel/Motel	☐	Residential Accommodation
☐	Rooming Accommodation	☐	Student Dormitory		

Other:			
Is the business a Mobile Health Business?	☐	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)

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:

New Proprietor Signature*:	
Name Printed:	Date:

Submitting your permit application:

Please return this completed application form and required documentation by:

- **Email:** to info@hindmarsh.vic.gov.au
- **Post:** PO Box 250, NHILL VIC 3418
- **In-person:** at your closest Hindmarsh Shire Council Customer Service Centre

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.