|  |  |  |
| --- | --- | --- |
| Phone: TTY: Fax:  | 9217 2277 133 677 - ask for 9217 21709409 9863 | Email: publichealth@whittlesea.vic.gov.auMail: Locked bag 1 Bundoora MDC 3083Council offices: 25 Ferres Boulevard, South Morang |
| * Please use this form to apply to the City of Whittlesea Council to transfer registration of a health premises.
* Where tick boxes (🗆) appear please tick where applicable.
 |
| Office use only: | Issued: | Rec’d: | EHO: | Fee: | Auth ref: |
| **Premises details** |
|  | Current trading name  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | Street address |  | Suburb & postcode |  |
|  |  |  |  |  |
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|  |  |  |  |
| **Current Proprietor details (seller)** |
|  | Title |  | First name |  | Surname |  |
|  |  |  |  |  |  |  |
|  | Legal entity name - a trust or trustee is not a legal entity for this application and therefore cannot be used  |  |
|  |  |  |
|  | ABN |  |  | ACN |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Residential address |  |  | Suburb & postcode |  |
|  |  |  |  |  |
|  | Postal address |  |  | Suburb & postcode |
|  |  |  |  |  |
| Contact numbers |  |  |  |
|  | Business: |  | Mobile: |  |
|  | Email |  |
|  |  |  |  |
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|  |  |  |
|  | **Activities to be carried out** |  |
|  | 🗆 | Make up only | 🗆 | Foot spa treatment\* |  |
|  | 🗆 | Manicures, pedicures, nail treatments | 🗆 | Hair removal by electrolysis or wax\* |  |
|  | 🗆 | Facial or body skincare treatments\* | 🗆 | Tattooing\* (inc. permanent and semi-permanent) |  |
|  | 🗆 | Colonic irrigation\* | 🗆 | Ear, body piercing or other skin penetration procedures |  |
|  | 🗆 | Other (please specify) |  |
| \* Premises with higher risk activities must be renewed annually under the Public Health & Wellbeing Act 2008(Vic) |
| **Proposed Proprietor details (buyer)** |
|  | Title |  | First name |  | Surname |  |
|  |  |  |  |  |  |  |
|  | Legal entity name - a trust or trustee is not a legal entity for this application and therefore cannot be used  |  |
|  | ABN |  |  | ACN |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Residential address | Suburb & postcode |  |
|  |  |  |  |  |
|  | Postal address | Suburb & postcode |  |
|  |  |  |  |  |
|  | Contact numbers |  |  |  |
|  | Business: |  | Mobile: |  |
|  | Email |  |  |  |
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| **Proprietor/s signatures** |
|  | If the business is owned by a sole trader or a partnership, the proprietor/s must sign and print namesIf the business is owned by a company or association, an authorised signatory may sign on behalf of that body |
|  |
|  | Signature of selling proprietor 1 |  | Date |  |
|  |  |  | D | D | M | M | Y | Y |  |  |  |  |
|  | Print name |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Signature of selling proprietor 2 |  | Date |  |
|  |  |  |  |  | D | D | M | M | Y | Y |  |  |  |  |
|  | Print name |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Company signatory |  | Date |  |
|  |  |  |  |  | D | D | M | M | Y | Y |  |  |  |  |
|  | Print name |  |  |  |  |  |
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|  | **Transfer fees** |  |
|  | Please contact Council’s Health Services for the transfer fee applicable to your business or refer to [www.whittlesea.vic.gov.au](http://www.whittlesea.vic.gov.au)An invoice will be issued to the applicant of this formPlease note: This application will not be processed until payment has been received |  |
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|  | **Privacy statement** |  |
|  | **Privacy statement:- Council is collecting the information on this application for the purpose of administration and enforcement of the Food Act 1984. The information will be used solely by Council for the primary purpose or directly related purposes. As required under Section 43 of he Food Act 1984, this information will be kept in a register (computerised database). In accordance with section 43(5), a copy of this information must be made available free of charge to any person who requests it. You may access this information by contacting Health Services on 9217 2277.** |  |
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|  | **Main contact for the business (if not the new proprietor)** |  |
|  | Title |  | First name |  | Surname |  |
|  |  |  |  |  |  |  |
|  | Residential address |  | Suburb & postcode |  |
|  |  |  |  |  |
|  | Contact numbers |  |  |  |  |
|  | Business: |  | Mobile: |  |
|  | Email |  |  |  |  |  |
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| **Proposed proprietor declaration** |
|  | 🗆 | By ticking this box, I understand that:The information provided in this application is true and complete to the best of my knowledge. This application is a legal document and penalties exist for provide false or misleading Information. |  |
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| **Selling proprietor/s signature** |
|  | If the business is owned by a sole trader or a partnership, the proprietor/s must sign and print namesIf the business is owned by a company or association, an authorised signatory may sign on behalf of that body |
|  |
|  | Signature of selling proprietor 1 |  | Date |  |
|  |  |  | D | D | M | M | Y | Y |  |  |  |  |
|  | Print name |  |  |  |  |  |
|  |  |  |  |  |
|  | Signature of selling proprietor 2 |  | Date |  |
|  |  |  | D | D | M | M | Y | Y |  |  |  |  |
|  | Print name |  |  |  |  |  |
|  |  |  |  |  |
|  | Company signatory |  | Date |  |
|  |  |  | D | D | M | M | Y | Y |  |  |  |  |
|  | Print name |  |  |  |  |  |
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| **Buying proprietor/s signature** |
|  | If the new proprietor is a sole trader or a partnership, the proprietor/s must sign and print namesIf the new proprietor is a company or association, an authorised signatory may sign on behalf of that body |
|  |
|  | Signature of new proprietor 1 |  | Date |  |
|  |  |  | D | D | M | M | Y | Y |  |  |  |  |
|  | Print name |  |  |  |
|  |  |  |  |  |
|  | Signature of new proprietor 2 |  | Date |  |
|  |  |  | D | D | M | M | Y | Y |  |  |  |  |
|  | Print name |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Company signatory |  |  |  |
|  |  |  | D | D | M | M | Y | Y |  |  |  |  |
|  | Print name |  |  |  |  |  |
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| **Please note:** | Transfer is not official until Council has approved the application and issued a transfer certificate |
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| **Fees** |
| Please contact Council's Health Services for the registration fee for your business or refer to <http://www.whittlesea.vic.gov.au>An invoice will be issued to the applicant of this form. Please note: This application will not be processed until payment has been received. |
| http://wired2/resources/branding/Documents/Multilingual%20language%20bar%20-%20black%20-%20horizontal%20(JPG).jpg |
|  |
| **Privacy Statement** |
| Council is collecting the information on this form for the purpose of administration and enforcement of the Public Health and Wellbeing Act 2008 (Vic). The information will be used solely by Council for the primary purpose or directly related purposes. As required under the Public Health and Wellbeing Act 2008 (Vic), this information will be kept in a register (computerised database). In accordance with the Public Health and Wellbeing Act 2008 (Vic) a copy of this information must be made available free of charge to any person who requests it. You may access this information by contacting Health Services on 9217 2277. |