

APPLICATION FOR REGISTRATION/TRANSFER OF HEALTH PREMISES



I/We the undersigned hereby apply to register
 renew
 transfer registration

under the provisions of the Public Health & Wellbeing Act 2008 and the Public Health & Wellbeing Regulations 2009 the premises described hereunder and depicted in the floor plan attached/lodged with Yarriambiack Shire Council for the period ending **31 December 2020**

NEW PROPRIETOR DETAILS:

Name: (must be person or company name, trading name not acceptable)
Postal Address:

Return form and payment by mail to:
PO Box 243
WARRACKNABEAL 3393

Or in person:
Shire offices
34 Lyle St WARRACKNABEAL
75 Lascelles St HOPETOUN

Queries? Telephone 5398 0100

BUSINESS DETAILS:

Trading Name:	ABN:
Premises Address:	
Contact numbers:	
Business phone:	Proprietor phone:
Mobile:	Fax:
Email:	
Description of premises:	
Please indicate which of the following procedures are carried out:	
<input type="checkbox"/> Hairdressing	<input type="checkbox"/> Tattooing / Cosmetic tattooing
<input type="checkbox"/> Electrolysis	<input type="checkbox"/> Ear piercing
<input type="checkbox"/> Waxing	<input type="checkbox"/> Body piercing
<input type="checkbox"/> Other beauty treatment (manicures, facials, make up etc)	

Fees:
 New Registration/Renewal: \$95.00
 Low Risk (hairdressing only): \$95.00 *(on-going registration)*
 Transfer Registration Fee: \$47.50
 Transfer Inspection: \$200.00 *(to be paid by potential purchaser of premises)*

Fee Paid:

Office Use Only
Receipt no. _____
Ledger no. 2231 2091 Entered HM <input type="checkbox"/>
Registration Number: _____

SIGNATURE OF APPLICANT:

DATE / /