## APPLICATION FOR REGISTRATION/TRANSFER OF HEALTH PREMISES



I/We the undersigned hereby apply to  $\exists$  register

SIGNATURE OF APPLICANT:

∋ 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:		Return form and payment by mail to:
Name:		PO Box 243
(must be		WARRACKNABEAL 3393
person or company name,		
trading name		Or in person: Shire offices
not acceptable)		34 Lyle St WARRACKNABEAL
Postal Address:		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:		
Э Hairdressing	Э Tat	tooing / Cosmetic tattooing
Э Electrolysis	Э Ear	piercing
Э Waxing	Э Вос	dy piercing
Э Other beauty treatment (manicures, facials, make up etc)		
Fees:		
New Registration/Renewal:	\$95.00	Office Use Only
Low Risk (hairdressing only):	\$95.00 (on-going registration)	<b>,</b>
Transfer Registration Fee:	\$47.50	Receipt no.
Transfer Inspection:	\$200.00 (to be paid by potential purchaser of premis	Ledger no. 2231 2091 Entered HM 3
·	φεσσίσο (το be paid by potential purchaser of premis	CO/
Fee Paid:		Pagistration Number
		Registration Number:

This information is collected under the requirements of the PHWB Act for enforcement and Public Health purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with The Department of Human Services Information Privacy Principles and the Information Privacy Act.

DATE