

Application to Transfer a Registered Premises



Public Health and Wellbeing Act 2008

Proprietor Details

First Name: _____ Surname: _____
Authority (if Pty Ltd - eg. Director): _____ ABN: _____
Company Name (if applicable - eg. Pty Ltd): _____
Physical Address (must be street address - not a PO BOX): _____
Town: _____ State: _____ Postcode: _____
Phone (w): _____ Phone (h): _____ Phone (m): _____
Email: _____
Postal Address (if different from physical address above): _____
Town: _____ State: _____ Postcode: _____

Premises Details

Registration Number: HP/ _____
Trading Name: _____
Street Number: _____ Street: _____
Town: _____ Postcode: _____

Type of activities/services provided (select all that apply):

Low risk activities/services

- Hairdressing Application of cosmetics that does not involve skin penetration or tattooing

Higher risk activities/services

- Manicures, pedicures, or other nail treatments Facial or body treatments Foot Spa treatments Body piercing or other skin penetration procedures
 Hair removal by electrolysis or wax Ear piercing Colonic irrigation Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing)

- Other (Please specify): _____

Expiry date of registration

Low risk activities - registration is on-going (no expiry date).

Higher risk activities - registration is valid until the end of the calendar year (31 December). Registration will need to be renewed later in the year if trading is to continue next calendar year.

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Contact Person at Premises (if not Proprietor)

First Name: _____ Surname: _____

Phone (w): _____ Phone (h): _____ Phone (m): _____

Email: _____

Postal Address: _____

Town: _____ State: _____ Postcode: _____

Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge; and,
- This application forms a legal document and penalties exist for providing false or misleading information.

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association – the applicant on behalf of that body must sign and print their name.

Current Proprietor Signature: _____

Current Proprietor Name: _____ Date: _____

New Proprietor Signature: _____

New Proprietor Name: _____ Date: _____

Proposed Transfer Date: _____

Form Submission, Fee Payment and Privacy Information

2023 / 2024 Fee Schedule

Transfer Registration Fee: \$324.50 Pre-Transfer Inspection Fee Paid (provide receipt number: _____): \$0.00

Completed forms must be returned to Golden Plains Shire Council by email; post; or in person at the Bannockburn (2 Pope Street VIC 3331) or Smythesdale (19 Heales Street VIC 3351) Customer Service Centres.

Please indicate how fee payment will be made below:

- Post – cheques are to be made out to Golden Plains Shire Council
- Phone – customer service staff will call to obtain credit card details
- In person – visit Council's Bannockburn or Smythesdale Customer Service Centres

Privacy Statement – The Golden Plains Shire Council considers that the responsible handling of personal information is a key aspect of democratic governance, and is strongly committed to protecting an individual's privacy. Council will comply with the Information Privacy Principles as set out in the Privacy and Data Protection Act 2014. Council has in place a standard operating procedure that sets out the requirements for the management and handling of personal information. If you have any queries regarding this Privacy Statement, please contact the Privacy Officer on (03) 5220 7111.

Office Use Only

Date Payment Processed:

Receipt Number: