



CORANGAMITE SHIRE

Application to Transfer the Registration of a Registered Premises

Public Health and Wellbeing Act 2008

Corangamite Shire Council

(03) 5593 7100 www.corangamite.vic.gov.au

Questions marked with an asterisk (*) are mandatory and must be completed

CURRENT Proprietor details

I/We, the undersigned proprietor/s hereby apply to transfer the registration under the provisions of the Public Health and Wellbeing Act for the premises described hereunder:

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Director of company)

Authority	Company name (if applicable)
<input type="text"/>	<input type="text"/>

e.g. Director of company

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number (include the area code) & email

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

PROPOSED NEW Proprietor details

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Director of company)

Authority	Company name (if applicable)
<input type="text"/>	<input type="text"/>

e.g. Director of company

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number (include the area code) & email

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Premises Details

Trading name of premises *

Premises address

Street address *

Suburb / Town *

State *

Postcode *

Contact person at premises (if not the proprietor)

Title

Surname

Given name(s)

Please provide at least one phone number and include the area code

Business phone

Home phone

Business fax

Mobile

Email

Health Premises Details

Please choose the business activity that your business conducts *

Please select all those that apply

Beauty Therapy

Hairdressing

Colonic Irrigation

Skin penetration

Tattooing

Other

Other *

Is the business a mobile health premises? *

 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

Transfer Payment details

Please contact Council to confirm the Transfer Fee

Return with payment to:

Environmental Health
Corangamite Shire Council
PO Box 84
CAMPERDOWN VIC 3260

☎ (03) 5593 7100
☎ (03) 5593 2695
✉ shire@corangamite.vic.gov.au

Declaration

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
Print Name
Date

Signature
Print Name
Date

PROPOSED NEW Proprietor

Signature
Print Name
Date

Signature
Print Name
Date

Proposed transferring date:

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