



Section 71 *Public Health and Wellbeing Act 2008*

APPLICATION FOR TRANSFER OF REGISTRATION PUBLIC HEALTH & WELLBEING ACT 2008

Premises Details

Trading Name	
Proposed Trading Name (if applicable)	
Address	
Intended Settlement Date	
Premises Type (tick all that apply)	<input type="checkbox"/> Hairdresser
	<input type="checkbox"/> Waxing / Hair Removal
	<input type="checkbox"/> Beauty Therapy / Make up
	<input type="checkbox"/> Piercing / Tattooing
	<input type="checkbox"/> Nails
	<input type="checkbox"/> Other

New Proprietor (The Applicant)

A proprietor may be an individual person, or a partnership (more than one individual person), or an organisation (eg a company registered under the Corporations Act 2001, or a club/association, etc).

Individual and/or Partnership Registration

Name	
Address	
Partner Name	
Address	
ABN	

Please provide a copy of your ABN certificate with this application.

Organisation Registration (If you are registering as a Company)

Name of Organisation	
Address	
ACN	
ABN	

Please provide a copy of your ABN certificate with this application.

Contact Details (The Applicant)

Contact Person	
Mailing Address	
Telephone (Business Hours)	
Telephone (After Hours)	
Telephone (Mobile)	
Facsimile	
Email	

Applicant Signature

Where more than one individual is listed as the applicant, each individual must sign this application. Where an organisation is listed as the applicant, an authorised person must sign.

I/we the undersigned, hereby apply to transfer the registration for the premises under the Public Health and Well Being Act 2008 for the current registration period:

Applicant (1)	Name		Date	___/___/___
	Signature			
	Company position (if applicable)			
Applicant (2)	Name		Date	___/___/___
	Signature			

Consent of the Current Registered Proprietor

Where more than one individual is registered as the proprietor, each individual must sign this application. Where an organisation is registered as the proprietor, an authorised person must sign.

I/we,

Organisation Name: (if applicable)	
Proprietor Name/s:	(1)
	(2)

being the current registered proprietor(s) of the premises at:

Address	

within the City of Hobsons Bay, hereby consent to the transfer of registration under Public Health and Well Being Act 2008, to the applicant.

Proprietor Signature/s:	(1)
	(2)
Company position: (if applicable)	
Date:	____ / ____ / ____

Privacy Statement

The Council is collecting this information under the requirements of the Public Health and Wellbeing Act 2008 for enforcement and public health purposes. It may be provided to the Department of Health and 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 Health and Human Services Privacy Principles and the Privacy and Data Protection Act 2014.

Hobsons Bay City Council

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