



Transfer registration of registered premises

Fee: \$275

I/we the undersigned, hereby apply to register under the provisions of the Public Health & Wellbeing Act 2008, the premises described below:

Current registration no: _____ Date of transfer: _____
 Trading name of premises: _____
 Type of premises: _____

Premises

Address: _____
 Town: _____ Postcode: _____
 Contact person: _____
 Telephone: _____ Mobile: _____
 Fax: _____ Email: _____

Type of prescribed (business) premises:

- Beauty therapy Tattooing Business involving skin
 Hairdresser Colonic irrigation penetration
 Other (specify below)

Registration period and fees

This application for registration will end on 31 December of the current year. This fee is exempt from GST under Division 81 of the GST Act.

Privacy

The collection and handling of personal and health information is in accordance with Council's Privacy Policy which is displayed on Council's website, mrsc.vic.gov.au/privacy and available for inspection at or collection from Council's customer service centres.

Current Proprietor's details

Surname: _____ First name: _____
Company name (as per ABN): _____
ABN: _____
Postal Address: _____
Town: _____ Postcode: _____
Telephone: _____ Mobile: _____
Fax: _____ Email: _____

New Proprietor's details

Surname: _____ First name: _____
Company name (as per ABN): _____
ABN: _____
Postal Address: _____
Town: _____ Postcode: _____
Telephone: _____ Mobile: _____
Fax: _____ Email: _____

I understand and acknowledge that:

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

Registered Proprietor's Signature: _____ Date: _____

Payment options

In person: present this form and payment (cash, cheque/money order, eftpos or credit card) at one of our Service Centres.

By Mail: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

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Credit Card payment authorisation

Mastercard Visa

I authorise you to charge the following amount to my credit card \$

Name on Card

Credit card number | | | | | | | | | | | | | | | | | | | | | |

Expiry Date (xx/xx) _____ Signature: _____