

Environmental Health Services

ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444 T 03 5422 0333 – F 03 5422 3623 – <u>mrsc@mrsc.vic.gov.au</u> – www.mrsc.vic.gov.au

Transfer registration of registered premises

Fee: \$275

		Date of transfer:	
Trading name of premis	es:		
Type of premises:			
Premises			
Address:			
Town:	Postcode:		
Contact person:			
Telephone:		Mobile:	
Fax:	Email:	_	

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. **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: