

APPLICATION FOR TRANSFER OF REGISTRATION PUBLIC HEALTH AND WELLBEING ACT 2008

PERSONAL CARE & BODY ART

FORM VALID FROM 1 JULY 2023 TO 30 JUNE 2024



SECTION 1 - TO BE COMPLETED BY THE NEW PROPRIETOR

PROPRIETOR DETAILS - IF REGISTERING AS A COMPANY:

Company Name	<input type="text"/>		
ABN/ACN	<input type="text"/>		
Company Contact	Given Names <input type="text"/>	Family Name	<input type="text"/>
Position	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

PROPRIETOR DETAILS - IF REGISTERING AS AN INDIVIDUAL:

Given Names	<input type="text"/>	Family Name	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		

PREMISES DETAILS:

New Trading Name	<input type="text"/>	Registration No.	<input type="text"/>
Previous Trading Name	<input type="text"/>		
Premises Address	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
ABN	<input type="text"/>		
Premises Phone No.	<input type="text"/>		

OFFICE USE ONLY

Date Processed	Registration #	EHT	DM#
----------------	----------------	-----	-----

SECTION 2 - TRANSFER OF REGISTRATION FOR PERSONAL CARE AND BODY ART**Low Risk**

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Hairdresser | <input type="checkbox"/> Nails - acrylic | <input type="checkbox"/> IPL |
| <input type="checkbox"/> Ear Piercing | <input type="checkbox"/> Nails - manicure | <input type="checkbox"/> Cosmetics |
| <input type="checkbox"/> Massage | <input type="checkbox"/> Nails - pedicure | <input type="checkbox"/> Facials |
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Waxing | <input type="checkbox"/> Spray tan |
| <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Electrolysis | <input type="checkbox"/> Solarium |

High Risk

- | | | |
|---|---|---|
| <input type="checkbox"/> Skin penetration - body piercing | <input type="checkbox"/> Cosmetic tattooing | |
| <input type="checkbox"/> Tattooing | <input type="checkbox"/> Colonic Irrigation | <input type="checkbox"/> Other <input type="text"/> |

SECTION 3 - TO BE COMPLETED BY THE NEW BUSINESS OWNER

Signature (applicant)

Print Name Date

Signature (applicant)

Print Name Date

SECTION 4 - TO BE COMPLETED BY THE CURRENT REGISTERED BUSINESS OWNER

Signature (applicant)

Print Name Date

Company Name

Position in Company Contact Phone No.

Signature (applicant)

Print Name Date

Company Name

Position in Company Contact Phone No.

Where the applicant is a company, the signature must be of an authorised officer of that company.

Date of transfer of business

PAYMENT DETAILS

ONLINE PAYMENTS ARE HERE

In order to provide you with a more secure and streamlined service, we have introduced online payments for this type of application.

Upon submission of your completed form, you will receive a payment link via email. Payment can then be made online by credit card only.

Once payment is received your application will progress.

FURTHER INFORMATION

Telephone enquiries: (03) 9658 8831

MAIL

Health and Wellbeing Branch
City of Melbourne
GPO Box 1603
Melbourne VIC 3001

EMAIL

health@melbourne.vic.gov.au

This information is collected under the requirements of the Food Act 1984/ Public Health and Wellbeing Act 2008 for enforcement and public health purposes. It may be provided to the Department of Health & Human Services (DHHS) for the same purposes, and for statistical purposes related to the application of the Acts. It will be treated in compliance with the Privacy and Data Protection Act 2014 (PDPA) and the Information Privacy Principles contained in Schedule 1 of the PDPA. It will also be used to contact you concerning food safety initiatives, education and training provided by the City of Melbourne. Council will take all necessary measures to prevent unauthorised access to or disclosure of your personal information and will not disclose it to any external agencies unless required or authorised by law.

For details of external organisations to whom this personal information may be disclosed and to find out how to access or modify any personal information you have supplied please see Council's Privacy Policy Statement at melbourne.vic.gov.au