

# APPLICATION FOR TRANSFER OF REGISTRATION PUBLIC HEALTH AND WELLBEING ACT 2008

FORM VALID FROM 1 JULY 2020 TO 30 JUNE 2021



## 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

**CR** Please contact Health and Wellbeing for invoice and payment details. Payment will be processed in Accela

Date Processed	Registration #	EHT	DM#
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**SECTION 2 - TRANSFER OF REGISTRATION FOR PRESCRIBED ACCOMMODATION**

Class of accommodation (please ✓ tick)

<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Holiday camp	Number of bedrooms	<input type="text"/>
<input type="checkbox"/> Hostel	<input type="checkbox"/> Residential accommodation	Total number of beds	<input type="text"/>
<input type="checkbox"/> Rooming House		Is the accommodation provided to employees as part of their employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Student dormitory			

**SECTION 3 - 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

**SECTION 4 - TO BE COMPLETED BY THE NEW BUSINESS OWNER**

Signature (applicant)	<input type="text"/>	
Print Name	<input type="text"/>	Date <input type="text"/>
Signature (applicant)	<input type="text"/>	
Print Name	<input type="text"/>	Date <input type="text"/>

**SECTION 5 - TO BE COMPLETED BY THE CURRENT REGISTERED BUSINESS OWNER**

Signature (applicant)	<input type="text"/>	
Print Name	<input type="text"/>	Date <input type="text"/>
Company Name	<input type="text"/>	
Position in Company	<input type="text"/>	Contact Phone No. <input type="text"/>
Signature (applicant)	<input type="text"/>	
Print Name	<input type="text"/>	Date <input type="text"/>
Company Name	<input type="text"/>	
Position in Company	<input type="text"/>	Contact Phone No. <input type="text"/>

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

Date of transfer of business

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## PAYMENT DETAILS

### ONLINE PAYMENTS ARE HERE

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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

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Telephone enquiries: (03) 9658 8831

#### MAIL

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

#### EMAIL

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[health@melbourne.vic.gov.au](mailto: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](http://melbourne.vic.gov.au)