



Wyndham City Council

PO Box 197
WERRIBEE VIC 3030
Ph: 03 9742 0777

[Wyndham City Council Website](#)

Application to Transfer a Health Premises

Public Health & Wellbeing Act 2008

HLHB _____

PROCESSING TIME: 5 WORKING DAYS

Council Use Only

Lodgement Date:

Receipt Number:

Lodgement Officer:

COUNCIL SPECIFIC INFORMATION

Please use this form to notify Wyndham City Council of your intent to transfer a Health Premises. Please note the registration is not official until Wyndham City Council has approved the application.

PRIOR TO FILLING OUT THIS FORM

An Authority to Disclose Information & Documents form must be submitted prior to completing the Application to Transfer a Health Premises form. For more information, contact the Environmental Health Unit on 03 9742 0738 or [Click Here](#) to obtain a copy of the Authority to Disclose Information & Documents form from Wyndham's Website.

CURRENT BUSINESS OWNER/PROPRIETOR DETAILS

Fields marked with an asterisk (*) are mandatory and must be completed

Title* Mr Mrs Ms Other (please specify)

Surname* Given Name(s)*

Company Name (if applicable)
Company name should end with Pty Ltd
eg: Hair & Makeup Pty Ltd

ABN*

ACN (if applicable)

Street Address/Postal Address* Suburb/Town* State* Postcode*

*Please provide at least on phone number and include area code**

Business Phone

After Hours Phone

Business Fax

Mobile

Email address

NEW BUSINESS OWNER/PROPRIETOR DETAILS

Fields marked with an asterisk (*) are mandatory and must be completed

Title* Mr Mrs Ms Other (please specify)

Surname* Given Name(s)*

**If the proprietor/business owner is a company or association, specify name of person completing the application and authority (eg. Director of Company)*

Authority eg: Director of company

Company Name (if applicable)
*Company name should end with Pty Ltd
eg: Hair & Makeup Pty Ltd*

ABN*

ACN (if applicable)

Street Address/Postal Address *Suburb/Town* State* Postcode*

*Please provide at least on phone number and include area code**

Business Phone After Hours Phone Business Fax Mobile

Email address

Primary Language spoken at the premises* *(to assist with communication in the future)*

SECONDARY CONTACT DETAILS

Please provide council with a secondary contact person who council can contact if business owner cannot be contacted

Fields marked with an asterisk (*) are mandatory and must be completed

Title* Mr Mrs Ms Other (please specify)

Surname* Given Name(s)*

Street Address/Postal Address* Suburb/Town* State* Postcode*

*Please provide at least on phone number and include area code**

Business Phone After Hours Phone Business Fax Mobile

Email address

PREMISES DETAILS

Business Trading Name

PREMISES ADDRESS

Street Address/Postal Address*

Suburb/Town*

State*

Postcode*

*Please provide at least on phone number and include area code**

Business Phone

After Hours Phone

Business Fax

Mobile

Email address

Proposed Settlement date:

BUSINESS TYPE

Please select one of the following:

Home Business

Commercial Business

Mobile Business

Mobile Hairdressers

Please contact Council for details about registering a mobile hairdresser business

****Please note: Mobile beauty therapy and mobile skin penetration businesses are not permitted***

Please select the business activity that your business conducts* (Please select all those that apply)

Hairdressing

Other Low Risk Beauty Therapy Treatments (please specify)

Make Up

Spray Tanning

Eyelash/Eyebrow Tinting

Other (please specify)

Beauty Therapy (please specify type of beauty therapy)

Waxing/Threading

Nail Treatments

Ear Piercing (gun only)

Laser Treatment

Eye lash extensions

Other (please specify)

Skin Penetration (please specify type of beauty therapy)

Tattooing

Cosmetic Tattooing

Body Piercing

Electrolysis

Other (please specify)

FEEES

Transfer Fee:

Fee:

Date Paid:

Receipt No:

How to pay:

By cash, cheque or credit card – if you know the fee to be paid, include payment when delivering the form by post, fax or in person. If you do not know the fee to be paid, Council will contact you after receiving the application and advise you of the fee and how to pay it.

Please note: You will be required to renew your registration on a yearly basis.

ACKNOWLEDGEMENT

I understand and acknowledge that:

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

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s)

If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name

Current Proprietor Signature

New Proprietor Signature

Name of current Proprietor

Name of new Proprietor

Date

Date

LODGEMENT

If you intend to post or fax this form please use the details provided below:

Wyndham City Council
PO Box 197
WERRIBEE VIC 3030

Ph: 03 9742 0777
Fax: 03 9742 6355
Email: mail@wyndham.vic.gov.au
Website: [Wyndham City Council Website](http://www.wyndham.vic.gov.au)

PRIVACY

Your personal information is being collected by Wyndham City Council under the laws administered by Local Government. Your information will be stored in Council's Customer Database and used to deliver Council services to you in accordance with Council's Privacy Policy. For further information on how your personal information is handled, visit Council's Privacy Policy at http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy_policy