

Application for Transfer of Registration of a Personal Care/Body Art Premises

Public Health and Wellbeing Act 2008



MORNINGTON
PENINSULA
Shire

Current proprietor details

APPLICANT (current proprietor)

I the undersigned, hereby apply to transfer the registration of the premises described herein, of which I am the holder of a certificate of registration, to the transferee as described below.

Trading name of premises:

Premises street address and suburb:

Proprietor's name:

If proprietor is a company, provide the name and position of authority of the person signing this document

Contact numbers:

ensure that at least one contact phone number is provided and include the area code

Signature/s:

Proposed proprietor details

TRANSFEEE (proposed proprietor)

I, we the undersigned, hereby apply for the said transfer of registration.

Type of proprietor: Company Sole Trader Partnership

Name of company: ABN

If proprietor is a company, provide the name and position of authority of the person signing this document

Name: Authority e.g. Director

Name of person (if not a company)

Title Family Name Given names

Proprietor postal address:
(includes company address if applicant is a company)

Contact numbers (ensure that at least one contact phone number is provided and include the area code):

Bus A/H Fax Mob

E-mail *(must be provided)*

Low Risk Activities

***NOTE:** that if your application for low risk activities only (see above) the registration will be on-going.

Premises details

Trading name of premises:

Type of personal care/body art procedures to be carried out by business (select all that apply):

(Low risk activities/services)

*Hairdressing

*Application of cosmetics that does not involve skin penetration or tattooing

(Higher risk activities/services)

Manicures, pedicures, other nail treatments

Facial or body treatments

Foot spa treatments

Body piercing or other skin penetration procedures

Hair removal by electrolysis or wax.

Ear piercing

Tattooing (includes permanent and semi-permanent make up or cosmetic tattooing)

Colonic irrigation

Other (specify):

Contact numbers at premises (ensure that at least one contact phone number is provided and include the area code):

Bus

Fax

Mob

E-mail

(must be provided)

Required Supporting Information and Documentation

Complete all fields on the application form and sign

Application Fee Paid or enclosed

Have you a photo copy of the driver's license (both sides) of proposed proprietor/s?(submit with application)

If registering under a company name, print out of company detail from ASIC. (submit with application)

Have you contacted the Shire's Statutory Planning Department to determine if any permits or restriction apply to the property?

Have you contacted a private Building Surveyor to determine if any permits or restriction or works are required under the Building Code?

Have you scaled plans that comply with Health Guidelines for Personal, Care and Body Art

Industries and the Mornington Peninsula Fact File:Personal Care and Body Arts Industries (submit with application)

Have you provided a brief description of your business? (submit with application)

Please Note

You are required to notify the Mornington Peninsula Shire in writing if your business practices change.

Further Information

Have you referred to the Health Guidelines for Personal car and Body Art Industries

To begin to understand your responsibilities to provide a clean, sanitary and hygienic business.

<https://www2.health.vic.gov.au/about/publications/researchandreports/Health%20guidelines%20for%20personal%20Ocare%20and%20body%20art%20industries%20Full%20copy>

Have you visited the Shire's website, specifically:

<http://www.mornpen.vic.gov.au/Community-Services/Health-Wellbeing/Health-safety/Health-forms#Health-Premises-2>

To locate the Mornington Peninsula Fact File:Personal Care and Body Arts Industries

Declaration

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.

Authorised person (on behalf of company)/
Proprietor (primary contact) signature

Date

Please note that this application for Public Health and Wellbeing Act 2008 transfer of registration is NOT a:

1. Planning Permit or Planning Application (Contact the Shire's Statutory Planning Unit)
2. Building Permit or Building Permit Application (Contact the Shire's Statutory Building Unit or a Private Building Surveyor)

Advice should be sought from each Council Unit or Company as required

Submission of application and registration fees

For current Application Fee: Please Refer to the 'Environmental Health Fee Schedule'

Office Use Only: (Quick Code 007) Amount Paid _____ Receipt Number: _____
Date Received _____ Registration Number _____

Privacy statement

The information on this form is being collected by the Mornington Peninsula Shire and its authorised contractors in accordance with its Privacy Policy and the Privacy & Data Protection Act 2014 for the purpose of transfer of registration of a prescribed Public Health and Wellbeing Act 2009 registerable premises and providing information to business operators concerning legislative requirements.

You may access personal information you have provided to the Shire at any time and make corrections by contacting the Shire's Privacy Officer privacy@mornpen.vic.gov.au The Shire will use this information for the purpose it was collected and may use it for a secondary, related purpose that could be reasonably expected.