



APPLICATION FOR TRANSFER OF REGISTRATION OF PREMISES

PUBLIC HEALTH & WELLBEING ACT 2008
PUBLIC HEALTH & WELLBEING REGULATIONS 2008

To the Mornington Peninsula Shire

APPLICANT (current proprietor)

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

Name _____
Address _____
Address of Premises _____
Type of Premises _____
Signature/s _____ Date _____

TRANSFEEE (proposed proprietor)

ABN NUMBER _____

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

Proprietor Name(s) _____
Address _____
Email Address _____
Telephone (Business) _____ (Mobile) _____
Business Name _____
Signature/s _____ Date _____

**FOR CURRENT 'APPLICATION TO TRANSFER' FEE:
PLEASE REFER TO THE 'ENVIRONMENTAL HEALTH FEE SCHEDULE'**

INFORMATION PRIVACY COLLECTION STATEMENT

Mornington Peninsula Shire is collecting personal information on this form in accordance with its legislative powers and functions and it will only be used and disclosed in accordance with these powers and functions. You may access the information by contacting Mornington Peninsula Shire.

Office Use Only: (Quick Code : 007) Receipt Number: _____