

Application to Transfer a registered premises of hair, beauty and skin penetration

Section 71 Public Health and Wellbeing Act 2008 and Regulation 26 Public Health and Wellbeing Regulations 2019

I/we the undersigned hereby apply to register the premises hereunder described:

APPLICANT / PROPRIETOR DETAILS	
Applicant / Proprietors Name	
Company / Business Name (if applicable)	ABN:
	ACN:
Postal address (used for all correspondence)	
Applicant / Proprietor Contact Details	Phone:
	Mobile:
	Email:

BUSINESS DETAILS	
Trading Name	
Address	
Contact person at premises (if not proprietor)	Phone:
	Mobile:
	Email:
Personal care procedures provided (Tick applicable procedures)	<input type="checkbox"/> Hairdressing
	<input type="checkbox"/> Temporary cosmetic application
	<input type="checkbox"/> Hair Removal
	<input type="checkbox"/> Nail treatment
	<input type="checkbox"/> Tattooing inc. cosmetic tattooing
	<input type="checkbox"/> Microdermabrasion/derma-rolling
	<input type="checkbox"/> Other, specify:
<input type="checkbox"/> Facials	
<input type="checkbox"/> Eyelash extension/tinting	
<input type="checkbox"/> Laser or IPL	
<input type="checkbox"/> Piercing/body modification	
<input type="checkbox"/> Colonic Irrigation	
Number of practitioners	OR <input type="checkbox"/> I am a sole mobile/home operator

- I/We the Applicant wish to apply to register for the year ending **31 December of each year** under the provisions of the Public health and Wellbeing Act 2008 declare that all information given is true and correct.
- Hairdressing registration – is on-going (no expiry date)

TRANSFER OF REGISTRATION	
Current premises trading name	
Current premises trading address	

NEW premises trading name (if it has changed)		
<input type="checkbox"/> I/we the undersigned as the current proprietor of the premises described, hereby consent to the transfer of registration under the Public Health and Wellbeing Act 2008.		
Signature of current proprietor:		Signature of current proprietor:
Print Name:		Print Name:
Date:		Date:

<input type="checkbox"/> I/we the undersigned as the current proprietor of the premises described, hereby consent to the transfer of registration under the Public Health and Wellbeing Act 2008.		
Signature of NEW proprietor:		Signature of NEW proprietor:
Print Name:		Print Name:
Date:		Date:

Transfer of registrations checklist

- A floor plan of the premises
- All parties have signed the form
- Fee for application/assessment submitted

Other Council department considerations

- Regulatory Services Department – Footpath trading permit (chairs, signage and goods for sale)
- Planning Department consulted – Permits (Use of building, signage on building)
- Building Department – Permits (significant building works)

OFFICE USE (AUTH: Transfer registration #120)		
Fee payable: \$	Sysaid #:	
Receipt No:	Date paid:	Amount paid:
Conditions of registration/renewal:		