



Application to Transfer Registration of Health Premises

Public Health and Wellbeing Act 2008

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Yarra Ranges Council

1300 368 333 www.yarraranges.vic.gov.au

Council Use Only	
Application Number :-	<input type="text"/>
Application Date:-	<input type="text"/>
Ledger Number:-	<input type="text"/>

IMPORTANT INFORMATION FOR HAIRDRESSERS

From 1 March 2016 proprietors of hairdressing and low risk beauty therapy premises are able to apply for an on-going registration. Proprietors moving premises or transferring their business to a third party are now required to complete the Application for Registration of a Health Premises accompanied by an on-going registration fee. **Please do not use this application.**

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

Applicant Details

Existing Proprietor

Title* Surname* Given Names*

ABN CAN

Business Name Company Name

PO Box GPO Box Private Bag Locked Bag RRN RSD

Street Address/ Postal Address*

Suburb / Town* State* Postcode*

Business Phone () After hours phone () Business Fax () Mobile ()

Email

Existing Proprietor 2 (if applicable)

Title Surname Given Names

ABN CAN

Business Name Company Name

PO Box GPO Box Private Bag Locked Bag RRN RSD

Street Address/ Postal Address

Suburb / Town State Postcode

Business Phone () After hours phone () Business Fax () Mobile ()

Email

Contact Details (if different)

Title	Surname	Given Name 1*	Given Name 2		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address					
<input type="checkbox"/> PO Box	<input type="checkbox"/> GPO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Locked Bag	<input type="checkbox"/> RMB	<input type="checkbox"/> RSD
Street Address/ Postal Address					
<input type="text"/>					
Suburb / Town		State	Postcode		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Business Phone	After hours phone	Business Fax	Mobile		
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>		
Email					
<input type="text"/>					

Proposed (New) proprietor details

Proprietor (If there is more than one proprietor of the business, complete details for each below)

Title*	Surname*	Given Name(s)*			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
ABN	ACN				
<input type="text"/>	<input type="text"/>				
Business Name	Company Name – cannot be a Trust				
<input type="text"/>	<input type="text"/>				
Address					
<input type="checkbox"/> PO Box	<input type="checkbox"/> GPO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Locked Bag	<input type="checkbox"/> RRN	<input type="checkbox"/> RSD
Street Address *					
<input type="text"/>					
Suburb / Town		State	Postcode		
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Business Phone	After hours phone	Business Fax	Mobile		
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>		
Email					
<input type="text"/>					

*Additional proprietors please provide as an attachment with contact details.

Proprietor 2 (if applicable)

Title

Surname

Given Name(s)

ABN

ACN

Business Name

Company Name

Address

PO Box

GPO Box

Private Bag

Locked Bag

RRN

RSD

Street Address

Suburb / Town

State

Postcode

Business Phone

After hours phone

Business Fax

Mobile

Email

Premises details**Trading Name**

Trading Name of premises*

Proposed Trading Name* (N/A if same as current)

Address

Street Address / Postal Address *

Suburb / Town *

State *

Postcode *

Primary Language Spoken at Premises* (to assist with future communication)

Health Premises Activities

Please choose the activities your business conducts* (Please select ALL that apply):

Class A (High Risk Activity Category)

Tattooing

Body Piercing

Dry Needling

Electrolysis

Class C (Medium Risk Activity Category)

Nail Treatment

Facials

Ear Piercing

Waxing

Laser Treatment

Threading

Mobile Beauty Treatment (excl. Class A activities)

with any associated Low Risk Activities

Hairdressing

Barber

Mobile Hairdressing

Low Risk Beauty*

(*Low Risk beauty includes temporary make-up, spray tans, henna tattoos, eyelash & eyebrow tinting)

Other*

*Classification to be determined. Please contact Public Health Services.

Mobile Details

If any part of the business a Mobile Health Premises, please include details below.

Health vehicle details (if applicable)

Registration number

Make

Model

Note: Mobile personal care and body art businesses that conduct skin penetration are not permitted. Any additional vehicle(s) details are to be added as an attachment.

Mobile vehicles to be registered at your primary place of business or where vehicle is based.

Payment Details

The fee for transfer of health registration depends upon your type of business. Listed below are the applicable fees. The fees are based upon the classes/classifications given by Yarra Ranges Shire Council.

Fees current for **2024 - 2025 Financial Year**. Fees exempt from GST.

Visit www.yarraranges.vic.gov.au for more information.

Fee:

Class A, B & C

\$210.00

Please note: This fee is non-refundable once your application has been lodged.

Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application forms a legal document and penalties exist for providing false or misleading information
- I am over 18 years at the time of completing this application

By ticking this checkbox I confirm that I have read and understood all the statements above *

If the business is a sole trader or a partnership, the proprietor(s) must sign and print name(s). If the business is a company or association, the authorised proprietor(s) on behalf of that body must sign and print their name(s).

Existing Proprietor

Signature

Print name & if company or association, role (eg Director)

Date

Existing Proprietor

Signature

Print name & if company or association, role (eg Director)

Date

**If unable to contact existing proprietor for signature, please call Public Health 1300 368 333 for further advice.

Proposed new proprietor

Signature

Print name & if company or association, role (eg Director)

Date

Proposed new proprietor

Signature

Print name & if company or association, role (eg Director)

Date

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to www.yarraranges.vic.gov.au

Lodgement


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

Yarra Ranges Council
Public Health Services
PO Box 105
LILYDALE VIC 3140

Telephone: 1300 368 333
Fax: 03 9735 4249
Email: mail@yarraranges.vic.gov.au
Website: www.yarraranges.vic.gov.au

OR deliver to:


Lilydale
15 Anderson St


Upwey
40 Main St


Monbulk
21 Main Rd


Healesville
110 River St


Yarra Junction
2442-2444 Warburton Hwy
(cnr Hoddle St)