

Application to Transfer the Registration of a Health Premises

Public Health and Wellbeing Act 2008

Council Specific Information

Please use this form to apply to Knox City Council to transfer the registration of a health premises. The transfer of registration is not official until Council has approved the application.

Existing Proprietor Details

Type of Proprietor: Company Person Partnership

Name of Proprietor(s): ACN/ABN:

Address of Proprietor(s):
(Registered address if a company)

Suburb: State: Postcode:

Contact details: Bus: Fax: Mob:

Email:

New Proprietor Details

Type of Proprietor: Company Person Partnership

Name of Proprietor(s): ACN/ABN:

Address of Proprietor(s):
(Registered address if a company)

Suburb: State: Postcode:

Postal address:
(if different to above)

Suburb: State: Postcode:

Contact details: Bus: Fax: Mob:

Email:

Date new proprietor will take over the premises: / /

Would you like to receive correspondence by email? Yes No

Application to Transfer the Registration of a Health Premises

Premises Details

Premises address:

Suburb:

State:

Postcode:

Will the trading name remain the same? Yes No (if no, please write the new trading name below)

New trading name of premises (if applicable):

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

- | | |
|--|--|
| <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Body piercing or other skin penetration procedures |
| <input type="checkbox"/> Manicures/pedicures/other nail treatments | <input type="checkbox"/> Ear piercing |
| <input type="checkbox"/> Foot spa treatments | <input type="checkbox"/> Colonic Irrigation |
| <input type="checkbox"/> Facial or body treatments (waxing etc) | <input type="checkbox"/> Tattooing (includes permanent & semi-permanent make up or cosmetic tattooing) |
| <input type="checkbox"/> Applying cosmetics (make up) | <input type="checkbox"/> Other (please indicate below) |
| <input type="checkbox"/> Hair removal by electrolysis | |

Is the business a mobile health premises? Yes No (if yes, please register your primary place of business in the details above)

Note: Mobile personal care and body art businesses that conduct skin penetration are not permitted

Primary language spoken at premises:

Contact details for premises:

Title

Family Name

Given Name/s

Bus:

Fax:

Mob:

Email:

Ongoing Registration (Hairdressing Only)

All businesses offering **solely** hairdressing and/or temporary make-up services are eligible to apply to Council for an 'ongoing' registration.

Is the **only** activity conducted at your business hairdressing and/or temporary make-up services? Yes No

If **any additional services** are offered such as those listed on page one of this application, you will be required to renew your registration annually.

**Please note – all health related premises are still required to comply with minimum standards of cleanliness and hygiene under the Public Health and Wellbeing Act Regulations 2009*

Payment Details and Lodgement

The applicable transfer fees are listed below and are valid from **1 January 2024 to 31 December 2024** (GST Exempt)

Beauty Therapy/Skin Penetration – Single Operation	\$93.50
Beauty Therapy/Skin Penetration – Multiple Operation	\$126.50
Hairdressing Only – One-Off Registration (unchanged proprietor)	\$305.00

- Payment by cash/cheque/eftpos/telephone (cheque made payable to Knox City Council. Payment reference required for telephone payments – located on invoice)
- Online payment is available at www.knox.vic.gov.au. Click on Make a Payment, then Food & Health Renewal Registration and follow the prompts. Refer to your invoice for your online payment reference.
- Please note, your invoice must be attached to this completed form when submitting.

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

Knox City Council, 511 Burwood Hwy, Wantirna South, VIC, 3152

Telephone: 03 9298 8000

Fax: 03 9298 8252

Email: health.services@knox.vic.gov.au

Application to Transfer the Registration of a Health Premises

Declaration

I understand and acknowledge that:

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

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 authorised person on behalf of that body must sign and print their name.

By marking this checkbox & signing below, I confirm that I have read and understood all the statements above

Signature of **Existing** Proprietor

Print Name

Authority (if signing on behalf of a company)

Date

Signature of **Existing** Proprietor

Print Name

Authority (if signing on behalf of a company)

Date

Signature of **New** Proprietor

Print Name

Authority (if signing on behalf of a company)

Date

Signature of **New** Proprietor

Print Name

Authority (if signing on behalf of a company)

Date

Privacy Statement

Council is collecting the information on this form for the purpose of administration and enforcement of the *Public Health and Wellbeing Act 2008*. The information will be used solely by Council for the primary purpose or directly related purposes. As required under the *Public Health and Wellbeing Act 2008* this information will be kept in a database. To view Council's privacy policy, please either visit Council's offices or go to www.knox.vic.gov.au

Once all completed paperwork & payment has been received by Council's Health Services department and if the premises is compliant as per the Public Health & Wellbeing Act 2008, the transfer will be completed within 28 days from the take over date . Timings may differ if the premises is subject to a works program approved by Knox City Council's Health Services Department.