Application to Transfer the Registration of a Health Premises



2025 Calendar Year



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 Detai	ls				
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)			State:	Postcode:	
			State:	Postcode:	
(if different to above) Suburb: Contact details: Bus:		Fax:			
(if different to above) Suburb: Contact details: Email:		Fax:	State:		
(if different to above) Suburb: Contact details: Bus:	e over the premises:	Fax:	State:		

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Premises Details				
Premises address:				
Suburb:	State: Postcode:			
Will the trading name remain the same? Yes				
New trading name of p	premises (if applicable):			
☐ Hairdressing☐ Manicures/pedict☐ Foot spa treatment	Tattooing (includes permanent & semi-permanent make up or cosmetic tattooing)			
Is the business a mobile health premises?				
Primary language spok	en at premises:			
Contact details for pre	mises: Title Family Name Given Name/s			
Bus:	Fax: Mob:			
Email:				
Ongoing Registration	n (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?				
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 2025 to 31 December 2025 (GST Exempt)				
	enetration – Single Operation \$146.50			
	enetration – Multiple Operation \$183.00			
Hairdressing Only – One-Off Registration (unchanged proprietor) \$320.00				
 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 				

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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	Signature of Existing Proprietor			
Print Name	Print Name			
Authority (if signing on behalf of a company)	Authority (if signing on behalf of a company)			
Date	Date			
Signature of New Proprietor	Signature of New Proprietor			
Print Name	Print Name			
Authority (if signing on behalf of a company)	Authority (if signing on behalf of a company)			
Date	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.