



## Application to Transfer the Registration of a Health Premises

## 2025 Calendar Year (Public Health and Wellbeing Act 2008)

Council Specific Informati	on				
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.					
<b>Existing Proprietor Detail</b>	s				
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 tak	e over the premises:	/ /			
Would you like to receive correspondence by email?					

# 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):    Body piercing or other skin penetration procedures				
☐ Manicures/pedicures/other nail treatments ☐ Ear piercing				
□ Foot spa treatments □ Colonic Irrigation				
☐ Facial or body treatments (waxing etc) ☐ Tattooing (includes permanent & semi-permanent make				
□ Applying cosmetics (make up) up or cosmetic tattooing) □ Hair removal by electrolysis □ Other (please indicate below)				
Hair removal by electrolysis  Other (please indicate below)	¬			
Is the business a mobile health premises? $\Box$ Yes $\Box$ No (If yes, please register your primary place of business in the details about	ove)			
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: Mob:				
Email:				
Ongoing Registration (Hairdressing Only)				
All businesses offering <b>solely</b> hairdressing and/or temporary make-up services are eligible to apply to Council for an 'ongoing' registration.				
Is the <u>only</u> 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 <u>1 January 2025 to 31 December 2025</u> (GST Exempt)				
Beauty Therapy/Skin Penetration – Single Operation \$146.50				
Beauty Therapy/Skin Penetration – 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)				
<ul> <li>Online payment is available at <u>www.knox.vic.gov.au</u>. Click on Make a Payment, then Food &amp; Health Renewal Registration and follow the prompts. Refer to your invoice for your online payment reference, once received.</li> </ul>				
If you intend to post or email this form, please use the details provided below:				
Know City Council E44 Burning of their Working County MC 2452				
Knox City Council, 511 Burwood Hwy, Wantirna South, VIC, 3152 Telephone: 03 9298 8000 Email: health.services@knox.vic.gov.au				



	Application to Transfer	
	Registration of a Health Prem	
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.