

# Application to Transfer the Registration of a Health Premises

2026 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. Email the completed form to <a href="mailto:health.services@knox.vic.gov.au">health.services@knox.vic.gov.au</a> . The transfer of registration is not official until Council has approved the application.	
Existing Proprietor Details	
Type of Proprietor:	<input type="checkbox"/> Company <input type="checkbox"/> Person <input type="checkbox"/> Partnership
Name of Proprietor(s):	<input type="text"/> ACN/ABN: <input type="text"/>
Address of Proprietor(s): (Registered address if a company)	<input type="text"/>
Suburb:	<input type="text"/> State: <input type="text"/> Postcode: <input type="text"/>
Contact details: Bus:	<input type="text"/> Mob: <input type="text"/>
Email:	<input type="text"/>
New Proprietor Details	
Type of Proprietor:	<input type="checkbox"/> Company <input type="checkbox"/> Person <input type="checkbox"/> Partnership
Name of Proprietor(s):	<input type="text"/> ACN/ABN: <input type="text"/>
Address of Proprietor(s): (Registered address if a company)	<input type="text"/>
Suburb:	<input type="text"/> State: <input type="text"/> Postcode: <input type="text"/>
Postal address: (if different to above)	<input type="text"/>
Suburb:	<input type="text"/> State: <input type="text"/> Postcode: <input type="text"/>
Contact details: Bus:	<input type="text"/> Mob: <input type="text"/>
Email:	<input type="text"/>
Date new proprietor will take over the premises:	/ /
Would you like to receive correspondence by email?	<input type="checkbox"/> Yes <input type="checkbox"/> No



## 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](http://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.*