|  |  |
| --- | --- |
| MRSC logo MS Word cropped.jpg | **Environmental Health**Services |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444T 03 5422 0333 – F 03 5422 3623 – mrsc@mrsc.vic.gov.au – www.mrsc.vic.gov.au |

Transfer Registration of Registered Premises Fee: $260

I/we the undersigned, hereby apply to register under the provisions of the Public Health & Wellbeing Act 2008, the premises described below:

|  |  |  |  |
| --- | --- | --- | --- |
| Current registration no: |  | Date of transfer: |  |
| Trading name of premises: |       |
| Type of premises: |       |

Premises

|  |  |
| --- | --- |
| Address: |       |
| Town: |       | Postcode: |       |
| Contact person: |       |
| Telephone: |       | Mobile: |       |
| Fax: |       | Email: |       |

Type of prescribed (business) premises:

[ ]  Beauty therapy

[ ]  Hairdresser

[ ]  Tattooing

[ ]  Colonic irrigation

[ ]  Business involving skin penetration

[ ]  Other (specify below)

|  |
| --- |
|       |

Registration period and fees

This application for registration will end on 31 December of the current year. This fee is exempt from GST under Division 81 of the GST Act.

**Privacy**

The collection and handling of personal and health information is in accordance with Council’s Privacy Policy which is displayed on Council’s website, [mrsc.vic.gov.au/privacy](https://www.mrsc.vic.gov.au/About-Council/Our-Council/Policies/Privacy-Policy) and available for inspection at or collection from Council’s customer service centres.

Current Proprietor’s details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |       | First name: |       |
| Company name (as per ABN): |       |
| ABN: |       |
| Postal Address: |       |
| Town: |       | Postcode: |       |
| Telephone: |       | Mobile: |       |
| Fax: |       | Email: |       |

New Proprietor’s details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |       | First name: |       |
| Company name (as per ABN): |       |
| ABN: |       |
| Postal Address: |       |
| Town: |       | Postcode: |       |
| Telephone: |       | Mobile: |       |
| Fax: |       | Email: |       |

I understand and acknowledge that:

* The information provided in this application is true and complete to the best of my knowledge; and that this application forms a legal document and penalties exist for providing false or misleading information.

|  |  |  |  |
| --- | --- | --- | --- |
| Registered Proprietor’s Signature: |  | Date: |  |

Payment options

**In person**: present this form and payment (cash, cheque/money order, EFTPOS or credit card) at one of our Service Centres.

**By Mail**: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Credit card payment authorisation

|  |  |  |  |
| --- | --- | --- | --- |
| Mastercard | [ ]  | Visa | [ ]  |
|  I authorise you to charge the following amount to my credit card: $ |       |
|  Name on card:  |       |
| Credit card number: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|  Expiry date (xx/xx):  |       | Signature: |  |