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

Transfer Registration of Registered Premises Fee: $275

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)

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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: | | | |  | | | | | | | | | | | | | | |