# Application to Transfer a Health Premises

**Council use only**

Application received: …………………………

Payment received: ……………………………

Registration number: ………………………..

Public Health and Wellbeing Act 2008

Fields marked with an asterisk (\*) are mandatory and must be completed.

# Council-specific information

Important: Please use this form to notify Cardinia Shire Council of your intent to transfer a health-related business under the Public Health and Wellbeing Act 2008.

Note: the registration is not official until Cardinia Shire Council has approved the application and provided you with a certificate of registration.

# Existing proprietor’s details

\*Surname \*Given name

\*Business name Company name

## Contact details

\*Please provide at least one phone number and include the area code.

Business phone Home phone Mobile Email

## Address

\*Street address

\*Suburb/town \*State \*Postcode

## Postal address

Correspondence regarding the septic installation/alteration will be sent to the plumber and the property owner.

❑ \*Tick if postal address is the same as above; if different please provide details below.

Street address/PO Box

Suburb/town State Postcode

# Proposed (new) proprietor details

\*Surname \*Given name

\*Business name Company name

Authority ABN No \*Please tick appropriate box

   

*E.g. Director of company Sole Trader Partnership Company*

## Contact details

\*Please provide at least one phone number and include the area code.

Business phone Home phone Mobile Email

## Address

\*Street address

\*Suburb/town \*State \*Postcode

## Postal address

Correspondence regarding the septic installation/alteration will be sent to the plumber and the property owner.

❑ \*Tick if postal address is the same as above; if different please provide details below.

Street address/PO Box

Suburb/town State Postcode

# Premise details

\* Current trading name

\* New trading name (if changing)

## Premise address

\*Street address

\*Suburb/town \*State \*Postcode

Note: if you are a mobile hairdresser or beauty therapist, please register your primary place of business.

Primary language spoken at premises (to assist with communication in the future)

# Health premise details

\*Please choose the business activities that your business conducts (select all those that apply):

❑ Beauty therapy ❑ Hairdressing ❑ Colonic irrigation

❑ Skin penetration ❑ Tattooing ❑ Other (please specify): ………………………………………………

\*Is the business a mobile health premise? ❑ Yes ❑ No

Note: mobile personal care and body art businesses that conduct skin penetration are not permitted.

Description how the premises will be/is used for (i.e. body piercings, facials):

# Supporting documents

Floor plan: if changes have been made to the existing premise then a drawn diagram of how the premise will be set up needs to be provided.

Note: if providing an attachment electronically, please supply as .doc or PDF.

Council may request additional information based upon the nature of the application.

# Fee details

**Application fees and payment details for July 1, 2025-June 30, 2026:**

|  |  |
| --- | --- |
| **Transfer fee** (registration transferred into proposed proprietor’s name) | $326.00 |

## How to pay

An invoice will be issued to the proposed new proprietor once this form is received at Council’s Health Department with details about “how to pay”. The registration cannot be transferred into the new proprietor’s name until a transfer inspection has been conducted by an Environmental Health officer and the fee has been paid.

# Declaration

I understand and acknowledge that:

* the information provided in this application is true and complete to the best of my knowledge.
* this application forms a legal document and penalties exist for providing false or misleading information.
* I am over 18 years at the time of completing this application.

❑ \*By marking this checkbox I confirm that I have read and understood all the statements above.

## Proposed (new) proprietor sign

\*Proposed new proprietor’s name \*Proposed new proprietor’s name

\*Signature \*Signature

\*Date \*Date

## Existing proprietor sign

\*Existing proprietor’s name \*Existing proprietor’s name

\*Signature \*Signature

\*Date \*Date

# Privacy statement

The information gathered in the form is used by Council to process the application.

To view Council's privacy policy, either visit Council's offices or go to Council’s Privacy Statement located at [cardinia.vic.gov.au/privacy](http://www.cardinia.vic.gov.au/privacy)

# Lodgement

How to lodge your form:

**In Person:** 20 Siding Avenue, Officer

**Post:** PO Box 7

 Pakenham 3810

**Email:** mail@cardinia.vic.gov.au