



Application to Register/Transfer a Health Premises

APPLICATION TO REGISTER

TRANSFER OF PREMISES

Council Use Only	
Receipt No.	Certificate No.
Amount Paid.....	Date Issued.....
Date Paid.....	

APPLICATION MUST BE FULLY COMPLETED AND THE ORIGINAL SUBMITTED TO BE PROCESSED

Proposed opening date / /20

PROPOSED NEW PROPRIETOR

Fields marked with a red asterisk (*) are mandatory and must be completed

Title	Surname*	Given Name(s)*
<input type="text"/>	<input type="text"/>	<input type="text"/>

**If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Director of Company)*

Authority (i.e Director of Company)	ABN*	ACN (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Company Name (Not Trading Name)

Postal Address (All correspondence will be sent to this address)*

Suburb/Town*	State*	Postcode*
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Business phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

PREMISE DETAILS

Trading Name/Shop Name*

Street Address*

Suburb/Town*

State*

Postcode*

TRANSFER OF BUSINESS

ONLY COMPLETE THIS SECTION IF TRANSFER IS OCCURRING

Previous Trading Name

Previous Proprietor/s Full Names:

Signature of Previous Proprietor/s:

PERSONAL CARE & BODY ART

Please select ALL of the procedures to be conducted

- | | |
|--|--|
| <input type="checkbox"/> Hairdressing | <input type="checkbox"/> Colonic Irrigation |
| <input type="checkbox"/> Application of cosmetics/makeup | <input type="checkbox"/> Tattooist (including cosmetic tattooing) |
| <input type="checkbox"/> Beauty Therapy (please select each activity) | <input type="checkbox"/> Skin Penetration (please select specific activity) |
| <input type="checkbox"/> Facials | <input type="checkbox"/> Ear piercing |
| <input type="checkbox"/> Spray tan | <input type="checkbox"/> Acupuncture/Skin/Needling |
| <input type="checkbox"/> Tinting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manicure or pedicure | |
| <input type="checkbox"/> Artificial nails | |
| <input type="checkbox"/> Waxing | |
| <input type="checkbox"/> Electrolysis | |
| <input type="checkbox"/> IPL | |
| <input type="checkbox"/> Other _____ | |

PRESCRIBED ACCOMMODATION

Please select the class of accommodation

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Student Dormitory | Number of bedrooms _____ |
| <input type="checkbox"/> Holiday Camp | <input type="checkbox"/> Residential Accommodation | Total number of beds _____ |
| <input type="checkbox"/> Hostel | <input type="checkbox"/> Other _____ | Do you have a pool? |

Do you supply any food (breakfast etc) with the service that you provide?

- Yes
 No
- Where is the pool located?**
- Indoor
 Outdoor

TRADING DETAILS

Do you have a Liquor Licence?

- Yes
 No

If Yes, Licence number:

Trading Hours

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

NEW REGISTRATIONS ONLY – REQUIRED DOCUMENTS

- Floor plan of the premises (including all rooms; equipment/furniture and dimensions). Please refer to our *Public Health & Wellbeing Construction Guideline* for an example of what is required.

DECLARATION

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application is a legal document and penalties exist for providing false or misleading information

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 applicant on behalf of that body must sign and print their name.

Applicant Signature*

Print Applicant Name*

Date*

Applicant Signature

Print Applicant Name

Date

PLEASE NOTE: You cannot trade at the premises until an Environmental Health Officer has inspected the premises and a certificate of a Public Health & Wellbeing Act Registration is issued to you.

PRIVACY: Your personal information is being collected by City of Ballarat for the purpose of complying with provisions of the Environmental Protection Act. Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for the delivery of services and information. For further information on how your personal information is handled, refer to Council's Privacy Policy at www.ballarat.vic.gov.au

LODGEMENT & FURTHER ENQUIRIES



In person –
City of Ballarat
The Phoenix
25 Armstrong Street South, Ballarat
Office hours – 8.15am – 5pm Monday to Friday



Contact –
Environmental Health Unit
(03) 5320 5702
environmentalhealth@ballarat.vic.gov.au



By mail –
Environmental Health Unit
City of Ballarat
PO Box 655
Ballarat Vic 3353



Payment can be made online via B-Pay or on the City of Ballarat's website. Please contact the Environmental Health Unit to determine the fees and reference number for this application.