

Health Premises Registration Transfer



Overview

Please ensure both the existing and proposed proprietor complete the relevant sections of the application for premises transfer.

Application Fee

Transfer fee \$300.00

Lodgement



Email

caseycc@casey.vic.gov.au



Post

PO Box 1000
Narre Warren VIC 3805



In Person

Bunjil Place

2 Patrick Northeast Drive
Narre Warren

Open Hours: 10:00 am - 2:00 pm Mon - Fri

Cranbourne Customer Service

Shop 61, Cranbourne Park Shopping Centre
Open Hours: 10:00 am - 2:00 pm Mon - Fri

Offices not open on Public Holidays

Contact



Phone

03 9705 5200



NRS

133 677
(for the deaf, hearing or speech impaired)



TIS

131 450
(Translating and Interpreting Service)



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[@CityOfCasey](https://twitter.com/CityOfCasey)

Privacy Statement

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the *Privacy and Data Protection Act 2014*. All personal information collected by the City of Casey will only be used for the purpose outlined within our Privacy Policy. Council's Privacy Policy is available from our website www.casey.vic.gov.au and all Council Customer Service Centres. For further information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website www.casey.vic.gov.au or by calling on 9705 5200.

Health Premises Activities

Type of personal care/body art procedures to be carried out by business (tick all that apply):

Medium risk activities

- | | |
|--|--|
| <input type="checkbox"/> Manicures, pedicures, other nail treatments | <input type="checkbox"/> Facial or body treatments |
| <input type="checkbox"/> Foot spa treatments | <input type="checkbox"/> Waxing |
| <input type="checkbox"/> Other (please specify) _____ | |

High risk activities

- | | |
|---|---|
| <input type="checkbox"/> Colonic irrigation | <input type="checkbox"/> Ear piercing |
| <input type="checkbox"/> Tattooing | <input type="checkbox"/> Electrolysis |
| <input type="checkbox"/> Body piercing or other skin penetration procedures | <input type="checkbox"/> Permanent or semi-permanent make-up (cosmetic tattooing) |
| <input type="checkbox"/> Other (please specify) _____ | |

Note: If the only activities conducted at your business is hairdressing and/or the application of temporary make-up do not use this form – complete a Health Premises Ongoing Registration form.

Is the business a mobile health premises? Yes No

If yes, please register your primary place of business.

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

Existing proprietor details

Proprietor type Company Individual Partnership

Name/s If the proprietor is a company, provide the company name. If the proprietor is an individual or partnership, provide the name of the person/s.

Proprietor/s address (Registered address if a company)

--

Suburb

--

Postcode

--

Proprietor's postal address (If different to the above)

--

Suburb

--

Postcode

--

Telephone

--

Mobile

--

Email

--

ACN/ABN

--

Proposed new proprietor details

Proprietor type Company Individual Partnership

Name/s If the proprietor is a company, provide the company name. If the proprietor is an individual or partnership, provide the name of the person/s.

Proprietor/s address (Registered address if a company)

Suburb

Postcode

Proprietor's postal address (If different to the above)

Suburb

Postcode

Telephone

Mobile

Email

ACN/ABN

Premises details

Trading name

Premises address

Suburb

Postcode

Name of contact person at premises

Telephone

Mobile

Email

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 of age at the time of completing this application.

By marking this checkbox and signing below, I confirm that I have read and understood all the statements above.

Existing Proprietor

Proprietor signature

Print name

Authority (if on behalf of a company)

Date

New Proprietor

Proprietor signature

Print name

Authority (if on behalf of a company)

Date