

TRANSFER

Office Use Only Transfer Applications only		
	Date	Initial
EHO Acknowledgement		

PUBLIC HEALTH AND WELLBEING ACT

Please **COMPLETE** the section below and return this application together with the fee payable to Hume City Council, Public Health Unit, 1079 Pascoe Vale Rd, Broadmeadows, 3047.

NEW PROPRIETOR DETAILS

Proprietor or Company name: (if company name please provide certificate of incorporation)			
Managers Name:			
Postal address:			
Suburb:		Postcode:	
Contact Details:	BH.	Mobile:	
Email:	AH.	Fax.	

PREMISES DETAILS

Business Trading Name:			
Address of Premises:			
Suburb:		Postcode:	

TYPE OF PREMISES:

Beauty Therapy
 Skin Penetration
 Tattooing
 Accommodation
 Colonic Irrigation

ACCOMODATION ONLY

Number of Beds/Sites: (For Prescribed Accommodation and Caravan Parks Only).	
---	--

THIS SECTION BELOW TO BE COMPLETED BY THE CURRENT PROPRIETOR

Current Proprietor:			
Primary Contact:			
Postal Address:			
Suburb:		Postcode:	
Signature of Current Proprietor/s:		Date:	

I/We the undersigned, hereby apply to register for the current year ending **31 December** under the provisions of the **Public Health and Wellbeing Act 2008** the premises described here and depicted in the plan lodged with the Council.

Signature: _____

The signing officer must state his/her position of authority in the case of a corporate or unincorporated body of persons, (eg. Company or Partnership).

Position: _____ **Date:** ____ / ____ / ____

PRIVACY STATEMENT

Council collects the personal information on this form so that it may register your premises in accordance with the Public Health and Wellbeing Act 2008. This personal information is used by Council and may be disclosed to the Department of Health (Vic) in connection with the administration and enforcement of the Public Health and Wellbeing Act 2008, but will not be disclosed to anyone else unless required to by law. Access and correction of this personal information can be made via the Public Health Unit on (03) 9205 2200.

 <p>HumeLink Hume City Council's multilingual telephone information service. General enquiries: Telephone 9205 2200</p>	للمعلومات باللغة العربية للمعلومات باللغة العربية	9679 9815	Türkçe bilgi için Türkçe bilgi için	9679 9822
	9679 9809	Muốn biết thông tin tiếng Việt Muốn biết thông tin tiếng Việt	9679 9823	
	Za informacije na bosanskom Za informacije na bosanskom	9679 9816	For other languages... For other languages...	9679 9824
	Za informacije na hrvatskom Za informacije na hrvatskom	9679 9817		
	Για πληροφορίες στα ελληνικά Για πληροφορίες στα ελληνικά	9679 9818		
	Per avere informazioni in italiano Per avere informazioni in italiano	9679 9819		
За информације на српском За информације на српском	9679 9820			
Para información en español Para información en español	9679 9821			



METHODS OF PAYMENT

BY MAIL	PERSONAL PAYMENT by Cheque, Cash or EFTPOS						
<ul style="list-style-type: none"> Make cheques payable to Hume City Council and crossed "Not Negotiable". Mail payment to: <p style="text-align: center;">Public Health Unit Hume City Council P.O. Box 119 DALLAS 3047</p> 	Present notice intact to Cashier at: <table border="0" style="width: 100%;"> <tr> <td> Broadmeadows Office 1079 Pascoe Vale Rd BROADMEADOWS. </td> <td> Office Hours Monday to Friday 8.15 a.m. – 4.45 p.m. </td> </tr> <tr> <td> Craigieburn Office Craigieburn Global Learning Centre 75-95 Central Park Ave CRAIGIEBURN. </td> <td></td> </tr> <tr> <td> Sunbury Office 40 Macedon St SUNBURY. </td> <td></td> </tr> </table>	Broadmeadows Office 1079 Pascoe Vale Rd BROADMEADOWS.	Office Hours Monday to Friday 8.15 a.m. – 4.45 p.m.	Craigieburn Office Craigieburn Global Learning Centre 75-95 Central Park Ave CRAIGIEBURN.		Sunbury Office 40 Macedon St SUNBURY.	
Broadmeadows Office 1079 Pascoe Vale Rd BROADMEADOWS.	Office Hours Monday to Friday 8.15 a.m. – 4.45 p.m.						
Craigieburn Office Craigieburn Global Learning Centre 75-95 Central Park Ave CRAIGIEBURN.							
Sunbury Office 40 Macedon St SUNBURY.							

PAYMENT DETAILS

FEE TYPE	OFFICE USE ONLY [Cashier Information]	TOTAL PAYABLE
Health Act Premises Transfer Fee	Ledger Number: GL 1000 164117	\$92.50
Office Use only	Receipt No:	Paid Date: