



MANSFIELD SHIRE

PREMISES REGISTRATION PUBLIC HEALTH & WELLBEING ACT 2008

I/We the undersigned, hereby apply to **Transfer Registration** for the year ending -
under the provisions of the Public Health & Wellbeing Act 2008 the
Premises hereunder described and depicted in the Plan Attached/Lodged with Council.

Please complete and ensure this form is signed.

TRADING NAME			
BUSINESS DESCRIPTION			
PREMISES ADDRESS			
NEW PROPRIETOR(S) NAME (PERSON(S) OR COMPANY ONLY)			
POSTAL ADDRESS			
TELEPHONE	B.H:	Mobile:	
EMAIL ADDRESS			
BUSINESS ABN NUMBER:	NO. OF SEATS (for patrons)	NO. OF STAFF	
Health Premises Activities You must identify all activities to be conducted at the premises	<input type="checkbox"/> Hairdressing <input type="checkbox"/> Electrolysis <input type="checkbox"/> Cosmetic Tattooing <input type="checkbox"/> Threading <input type="checkbox"/> Laser Treatment	<input type="checkbox"/> Nail Treatment <input type="checkbox"/> Waxing <input type="checkbox"/> Dry Needling/ Acupuncture <input type="checkbox"/> Colonic Irrigation <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Ear Piercing <input type="checkbox"/> Tattooing <input type="checkbox"/> Body Piercing <input type="checkbox"/> Facials/MakeUp
NEW MANAGER(S) NAME			
NEW PROPRIETOR(S) SIGNATURE			DATE:
APPLICATION ENDORSEMENT BY CURRENT PROPRIETOR			DATE:

Office use only

LC REF:	RECEIPT No:	DATE:
FILE No:	FEE PAID:	RECEIPT TO:

AMOUNT PAYABLE:

CARD TYPE:	CARD NO.
EXP.DATE:	AMOUNT
I authorise payment to be made from my credit/debit card	SIGNATURE: