Health Premises Transfer Registration

Public Health & Wellbeing Act 2008

Mansfield Shire

I/We the undersigned, hereby apply to **Transfer Registration** for the year ending **31 December 2025** under the provisions of the Public Health & Wellbeing Act 2008 the Premises hereunder described and depicted in the plan 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		
ABN		
No. of Staff		
No. of Seats *(for patrons)*		
Health Premises Activities *(You must identify all activities to be conducted at the premises)*	☐ Hairdressing ☐ Nail treatment ☐ Electrolysis ☐ Waxing ☐ Tattooing ☐ Cosmetic tattooing ☐ Ear piercing ☐ Body piercing ☐ Threading ☐ Colonic irrigation ☐ Facials/makeup ☐ Laser treatment ☐ Dry needling/acupuncture ☐ Other (please specify) _____	
New Manager(s) Name		

New Proprietor(s) Signature

**All forms must be completed and signed*

_____ Date: _____

Application Endorsement by Current Proprietor(s) Signature

**All forms must be completed and signed*

_____ Date: _____

OFFICE USE ONLY:	File No.	Debtor No.	☐ Fee Paid