



Application for or Change of Ownership of a Health Premises

Public Health and Wellbeing Act 2008

Borough of Queenscliff

(03) 5258 1377 www.queenscliffe.vic.gov.au

Questions marked with an asterisk (*) are mandatory and must be completed

NEW APPLICATION CHANGE IN OWNERSHIP

Proprietor details

Title *

Surname *

Given name(s) *

ABN

ACN

Street address / Postal address *

Suburb / Town *

State *

Postcode *

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

Business phone

Home phone

Business fax

Mobile

Email

Health Premises Details

Please choose the business activity that your business conducts *

Please select all those that apply

Beauty Therapy

Hairdressing

Colonic Irrigation

Skin penetration

Tattooing

Other

Other *

Is the business a mobile health premises? * Yes No

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

If you are a mobile hairdresser or a mobile beauty therapist, please register your primary place of business.

Description how the premises will be / is used for * e.g. body piercing and facials

Premises Details

Trading name of premises *

Premises address

Street address *

Suburb / Town *

State *

Postcode *

Contact person at premises (if not the proprietor)

Title

Surname

Given name(s)

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

Business phone

Home phone

Business fax

Mobile

Email

Payment details

Hairdresser/Beauty Premises/Skin Penetration \$185.00

Change in ownership inspection - \$195.00

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 at the time of completing this application

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.

Name of person completing this application *

Signature of person completing this application *

Date *