



RURAL CITY OF
WANGARATTA

In Replying Please Quote: 75 040 001

If Calling Please Ask For: Ross Cairns or Lisa Giese

62-68 Ovens Street
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Section 71 Public Health and Wellbeing Act 2008
Regulation 16 Public Health and Wellbeing Regulations 2009
**APPLICATION FOR TRANSFER OF REGISTRATION OF
REGISTERED PREMISES**

Please complete this form and provide it to the *Rural City of Wangaratta* together with the Transfer of Registration fee.

Registration Number:

Applicant (new business proprietor's) name in full (if company, include ACN):

Type of prescribed (business) premises:

Please tick any of the categories listed below that are applicable to your business

Beauty therapy

Colonic irrigation

Hairdresser

Business involving
skin penetration

Tattooing

Prescribed business
posing risk to public
health

Describe how the business premises is used by new proprietor:

Premises address:

DETAILS OF FORMER PROPRIETOR

Business proprietor's name in full (if company, include ACN):

Business/Trading name (where different to new proprietor's name):

Proprietor's address:

Contact person (name):

Postal address:

Telephone:

Fax:

Email:

APPLICANT (NEW PROPRIETOR) DETAILS	
Business/Trading name (where different to proprietor's name):	
Proprietor's address:	
Contact person (name):	
Postal address:	
Telephone:	Fax:
Email:	

Signature of former proprietor/s:	Date:
Signature of new proprietor/s:	Date:

Rural City of Wangaratta will only use the personal information you provide in or with this form for matters relating to our registration in accordance with the *Information Privacy Act 2001*(Vic).

TRANSFER OF REGISTRATION FEE

Fee: \$

TAX INVOICE – NOT SUBJECT TO GST

Office Use Only	Debtor No:
Registration No:	Receipt No:
Date of Transfer:	Transfer Fee: \$
Renewal of annual registration due: 31 December 2016	
Conditions of registration:	