



## Application to transfer a beauty therapy or hairdressing business

Please use this form to notify Council of your intent to transfer the registration of a business Under the *Public Health and Wellbeing Act 2008*.

### Business owner – personal details

Owner	Title Name (s) Surname	
Postal address	Town	Postcode
Email		
Telephone	Phone	Mobile

Is the primary contact the business owner  Yes  No (Please complete below)

### Primary Contact (if different from above)

Owner	Title Name (s) Surname	
Postal address	Town	Postcode
Email		
Telephone	Phone	Mobile

Are you completing this form on behalf of the business owner?  Yes  No

Business type (please tick appropriate box):

- Sole trader
- Partnership
- Company

## Business details

Business trading name	
Company name (if different to trading name)	
Business Trading address (if different from owner's postal address)	Town <span style="float: right;">Postcode</span>
Australian Business Number (ABN) – if available	
Australian Company Number (ACN) – if available	

Please note: trust funds are not acceptable as company or proprietor name.

## Type of business

Hairdressing/barber       Beauty therapy       Colonic irrigation

Skin penetration (tattooing, ear piercing, dermal rolling, permanent make-up).

Other.....  
 .....  
 .....  
 .....

## Supporting documents

I have attached plans of the layout include:  
 ○ Location of all rooms, handwash basins, and equipment wash basin

## Signatures

New proprietor name:.....

Signature:..... Date:.....

Existing/previous name:.....

Signature:..... Date:.....

## Registration and renewal fees

Once your application has been received, we will contact you with an invoice and payment options for your registration fee and premises assessment fee.