

CITY OF WODONGA Application to transfer a health premises and prescribed accommodation premises

In person: 104 Hovell St, Wodonga, VIC 3690

Phone: (02) 6022 9300

Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

Under the *Public Health and Wellbeing Act 2008*.

PLEASE NOTE: This registration is not official until the council has approved the application. For this application to be processed the following must be completed and submitted

1. This application form

Required to be filled out correctly, signed and dated.

2. Application fees

Fees are due upon lodgement of this application. This application will not be processed until the required payment has been received.

3. Inspections

Wodonga Council reserves the right to charge for re-inspection or additional inspections particularly where the original inspection non-compliances are not ready, incomplete or the like.

4. Rooming house register

Rooming house business owners, please note: it is a requirement under the *Residential Tenancies Act 1997* for councils to enter information about the rooming houses they register into the State-wide register of rooming houses. Some of this information, specifically the rooming house address, the name/s of the owner of the rooming house business, the business owners ABN and ACN and the council which registers the rooming house, will be available to the public. Should you wish to have your personal details suppressed from the public view of the register you can apply in writing to the director of Consumer Affairs Victoria.

Details of the rooming house register will be displayed on the Consumer Affairs Victoria's rooming house register accessible on consumer.vic.gov.au

General information:

Once this application has been assessed by council's authorised officers:

1. An inspection will be arranged to identify any non-compliances;
2. All non-compliance must be addressed;
3. A transfer inspection will then be conducted and transfer to the new owner can be completed

Premises details	Trading name:											
	Trading address:											
	Suburb:			State:			Post code					
	Phone (work):					Phone (home):						
	Mobile:					Fax:						
	Email:											
	Description of the activities to be conducted: _____ _____ _____											
Proprietor details	<input type="checkbox"/> Sole trader			<input type="checkbox"/> Partnership			<input type="checkbox"/> Company					
Proprietor one	Company/partnership name:											
	Authority: For example, director											
	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss											
	Given name/s:											
	Surname:											
	Date of birth:											
	Postal address:											
	Suburb:			State:			Post code					
	ABN:					ACN:						
	Phone (work):					Phone (home):						
	Mobile:					Fax:						
	Email:											
Proprietor two If applicable.	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss											
	Given name/s:											
	Surname:											
	Date of birth:											
	Postal address:											
	Suburb:			State:			Post code					
	ABN:					ACN:						
	Phone (work):					Phone (home):						
	Mobile:					Fax:						
	Email:											
Contact for this application If different to proprietor	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss											
	Given name/s:											
	Surname:											
	Postal address:											
	Suburb:			State:			Post code					
	Phone (work):					Phone (home):						
	Mobile:					Fax:						
	Email:											

Proposed new proprietor details	<input type="checkbox"/> Sole trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company							
Proprietor one	Company/partnership name:							
	Authority: For example, director							
	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss							
	Given name/s:							
	Surname:							
	Date of birth:							
	Postal address:							
	Suburb:		State:		Post code			
	ABN:		ACN:					
	Phone (work):		Phone (home):					
	Mobile:		Fax:					
	Email:							
	Proprietor two	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss						
Given name/s:								
Surname:								
Date of birth:								
Postal address:								
Suburb:		State:		Post code				
ABN:		ACN:						
Phone (work):		Phone (home):						
Mobile:		Fax:						
Email:								
Proposed name of business								
Health premises and prescribed accommodation premises details	Please choose the business activity that your business will conduct (please select all those that apply):							
	<input type="checkbox"/> Beauty therapy	<input type="checkbox"/> Hairdressing	<input type="checkbox"/> Tattooing					
	<input type="checkbox"/> Skin penetration	<input type="checkbox"/> Colonic irrigation	<input type="checkbox"/> Motel					
	<input type="checkbox"/> Hotel	<input type="checkbox"/> Hostel	<input type="checkbox"/> Residential accommodation					
	<input type="checkbox"/> Rooming house	<input type="checkbox"/> Student dormitory	<input type="checkbox"/> Holiday camp					
<input type="checkbox"/> Other (please specify):								
Is the business a mobile health premises? <input type="checkbox"/> Yes <input type="checkbox"/> No								
If yes, for a mobile hairdresser or a mobile beauty therapist, please register your primary place of business.								
<i>PLEASE NOTE : Skin penetration activities are not permitted for mobile health premises.</i>								

Declaration This form must be signed by the person making the request. Remember it is against the law to provide false or misleading information, which could result in a fine.	I understand and acknowledge that the information provided in this application is true and complete to the best of my knowledge. This application is a legal document and penalties exist for providing false or misleading information. 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.
	Existing proprietor
	Name: Signature: Date: / /
	Proposed proprietor
	Name: Signature: Date: / /
	Payment options Please visit wodonga.vic.gov.au for applicable fees and charges or phone Customer Focus on (02) 6022 9300. In person - EFTPOS, credit card, cheque or cash Mail options - cheque* or credit card <i>PLEASE NOTE: Regardless of how you choose to pay for the application, your application will not be processed by the council until required payment has been received.</i>
*Please make cheques payable to 'Wodonga City Council'	

OFFICE USE ONLY		Version 2: May 2018 Review Date: May 2021
Application number:	Application date:	
Receipt number:	Registration date:	

Personal and or health information collected by the council is used for municipal purposes as specified in the Local Government Act 1989. The personal and or health information will be used solely by the council for these purposes and or directly related purposes. The council may disclose this information to other organisations if required by legislation. The applicant understands that the personal and or health information provided is for the above purpose and that he or she may apply to council for access to and/or amendment of the information. Request for access and or correction should be made to the council's privacy officer.