



# Transfer of registration of beauty, health and body art business

## What you need to do



### Complete the form

Make sure all sections are complete and you have supplied all supporting documents.



### Submit application

Submit your application at any Port Phillip Town Hall or via email



### Receive your invoice

Once your application is processed you will receive an invoice for payment.

## What you need to do

### Application fee

You will receive an invoice for the fee once your application is assessed.

This registration is for the current calendar year. Renewals for the next calendar year will be sent out by email or mail.

### How to apply

Submit this form and required supporting documentation:

- ✉ healthservicesunit@portphillip.vic.gov.au
- ✉ Health Services  
City of Port Phillip  
Private Bag 3  
St Kilda VIC 3182

### Further information

- ☎ 03 9209 6292
- 🖱 [portphillip.vic.gov.au/council-services/business-in-port-phillip/business-permits/beauty-health-and-body-art-permit](https://portphillip.vic.gov.au/council-services/business-in-port-phillip/business-permits/beauty-health-and-body-art-permit)

## 1 Declaration

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> The information provided in this application is true and complete to the best of my knowledge | <input type="checkbox"/> This application forms a legal document and penalties exist for providing false or misleading information | <input type="checkbox"/> I am over 18 years at the time of completing this application |
|--|--|--|

### Privacy policy

This information is collected by the City of Port Phillip under the requirements of the *Public Health and Wellbeing Act 2008* for enforcement and Public Health purposes. It may be provided to the Department of Health for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with CoPP Information Privacy Policy and the Information Privacy Act.

**2 Current business owner's details**

If the business is owned by a partnership, all owner(s) must complete and sign.

**If you are registered as an individual or partnership:**

**Owner 1**

First name

Last name

**Owner 2 (if applicable)**

First name

Last name

**If you are registered as a company:**

Company name

ACN

Authority (the person authorised to make application on behalf of the company)

**Owners contact details:**

Phone number

Mobile number

Email

**Signature – Current owner 1****Signature – Current owner 1**

Print name

Print name

Date

Date

If the business is owned by a sole trader or partnership, the owner(s) must sign.

If the business is owned by a company, the applicant on behalf of that body must sign.

**3 New business owners details**

If the business is owned by a partnership, all owner(s) must complete and sign.

**If you are registered as an individual or partnership:**

**Owner 1**

First name

Last name

**Owner 2 (if applicable)**

First name

Last name

**If you are registered as a company:**

Company name

ACN

Authority (the person authorised to make application on behalf of the company)

**Owners contact details**

Postal address

Suburb

State

Postcode

Phone number

Mobile number

Email

**4 Business details**

Trading name

ABN

**Business address**

Unit number

Number

Street name

Suburb

State

Postcode

Hours of operation (eg: Mon-Fri 9-5, Sat 10-4)

## 5 Manager's details

Manager's name

Best phone number to contact you on

Email

## 6 Business activity

**Higher risk activities/services tick all that apply**

☐ Spray Tan

☐ Manicure / Pedicure

☐ Facials

☐ Waxing

☐ Threading

☐ IPL/Laser

☐ Eyelash extension

☐ Eyelash/eyebrow tinting

☐ Electrolysis

☐ Dry needling

☐ Piercing – ear (gun only)

☐ Piercing – body

☐ Tattooing

☐ Microdermabrasion

☐ Cosmetic tattooing

☐ Colonic irrigation

☐ Other

## 6 Signatures

**Signature – New owner 1**

Print name

Date

**Signature – New owner 2**

Print name

Date

If the business is owned by a sole trader or partnership, the owner(s) must sign.

If the business is owned by a company, the applicant on behalf of that body must sign.