

# East Gippsland Shire Council

273 Main Street (PO Box 1618)  
Bairnsdale VIC 3875  
Website [www.eastgippsland.vic.gov.au](http://www.eastgippsland.vic.gov.au)  
Email [feedback@egipps.vic.gov.au](mailto:feedback@egipps.vic.gov.au)  
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Telephone: (03) 5153 9500  
Fax: (03) 5153 9576  
National Relay Service : 133 677  
ABN: 81 957 967 765

## Application for Transfer of Registration of a Health Premises

*Public Health and Wellbeing Act 2008*

This application has a fee of \$129.00

There are some hard words in this form. The hard words are in **blue**. You can read what they mean on page 2.

Current **Proprietor**

Name/s:							
Postal address:							
			Postcode				
Phone number: Home:		Work:		Mobile:			
Email address:			Fax:				

New **Proprietor**

Name/s:							
Postal address:							
			Postcode				
Phone number: Home:		Work:		Mobile:			
Email address:			Fax:				

Business

Trading name:							
Business address:							
			Postcode				
Postal address:							
			Postcode				
Australian Business Number (ABN):							
Phone number: Work:		Mobile:					
Email address:			Fax:				
Description of the use of premises: _____							
_____							
_____							
_____							

### Privacy Statement

The East Gippsland Shire Council asks for details about you to collect rates, approve permits and licences, and run a range of community services. The information you give to us on this form is used only for the reasons set out in the form and is not given to anybody else. Sometimes we may supply details about you to someone else, but only if we are allowed by law, or to protect someone or property.

When information is given out, Council will always try to make sure your privacy is protected in line with the *Privacy and Data Protection Act 2014*. You may ask for more information about Council's Privacy Policy by contacting our Information Privacy Officer on 03 5153 9500 or e-mail [feedback@egipps.vic.gov.au](mailto:feedback@egipps.vic.gov.au)

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I/We, \_\_\_\_\_

the **proprietors** of this health premises, hereby apply to transfer the registration for the year ending 31 December 20\_\_\_\_ to, \_\_\_\_\_

under the requirements of the *Public Health and Wellbeing Act 2008*.

Current **proprietors** signature:

Name/s: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

New **proprietors** signature:

Name/s: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Hard Words

**Proprietor:** The owner of a business, or a holder of property.

**Requirements:** A thing that is needed or wanted.

## Submitting your application

<b>Mail</b>	Post the signed, completed form together with any applicable fees or copies of any documentation to; PO Box 1618 BAIRNSDALE VIC 3875.	
<b>Electronic</b>	Fax to 03 5153 9576 Email to <a href="mailto:feedback@egipps.vic.gov.au">feedback@egipps.vic.gov.au</a>	
<b>In Person</b>	Bring the completed form and supporting documents to any of the following locations;	
	Service Centre Opening Hours: 9.00am to 5:00pm. Monday to Friday.	Bairnsdale Corporate Centre: 273 Main Street. Lakes Entrance Service Centre: 18 Mechanics Street. Omeo Service Centre: 179 Day Avenue. Orbost Service Centre: 1 Ruskin Street. Paynesville Service Centre: 55 The Esplanade.
	Mallacoota Service Centre Opening Hours: Monday and Tuesday 10.00am to 2.00pm Wednesday, Thursday, Friday 2.00pm to 5.00pm	Mallacoota Service Centre: 70 Maurice Avenue

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