

Notification of change of occupier of registered premises

Pursuant to the Health (Registration of Premises) Regulations 1966

Applicant Details

Full name of applicant _____

Postal address _____

Suburb _____ City _____ Post Code _____

Postal address if different from above _____

Email _____ Mobile _____

New Business Details

Trading name of business _____

Business street address _____

Suburb _____ City _____ Post Code _____

Takeover date of business _____ Business phone _____

Previous Occupier Details

Name of previous occupier _____

Trading name of previous occupier _____

Premises registered as:

Hairdressing Premises

Other (*please specify*)

Signature

Date

Fees

Refer to Council's current Schedule of Fees and Charges.