

Application for transfer of registration for hair, beauty and skin penetration premises

Section 71 Public Health and Wellbeing Act 2008 and Regulation 26 Public Health and Wellbeing Regulations 2019

I/we the undersigned hereby apply to transfer the registration the premises hereunder described:

Premises trading name		
Premises trading address		
Premises contact details	Phone:	Mobile:
	Email:	
Name of new proprietor (Company/partnership/individual)		
Postal address (Used for all correspondence)		
Proprietor contact details	Phone:	Mobile:
	Email:	
Contact person at premises (If not proprietor)		
Contact person details	Phone:	Mobile:
	Email:	
Signature of new proprietor:	Signature of new proprietor:	
Print name:	Print name:	
Date:	Date:	

Former premises trading name (if different)	
Former premises trading address (if different)	

I/we the undersigned as the registered proprietor of the premises described, hereby consent to the transfer of registration under the Public Health and Wellbeing Act 2008;.

Signature of former proprietor:	Signature of former proprietor:
Print name:	Print name:
Date:	Date:

Further Details of New Proprietor:

Personal care procedures (Tick applicable procedures)	<input type="checkbox"/> Hairdressing	<input type="checkbox"/> Facials
	<input type="checkbox"/> Temporary cosmetic application	<input type="checkbox"/> Eyelash extension/tinting
	<input type="checkbox"/> Hair Removal	<input type="checkbox"/> Laser or IPL
	<input type="checkbox"/> Nail treatment	<input type="checkbox"/> Piercing/body modification
	<input type="checkbox"/> Tattooing inc. cosmetic tattooing	<input type="checkbox"/> Colonic Irrigation
	<input type="checkbox"/> Microdermabrasion/derma-rolling	
	<input type="checkbox"/> Other, specify:	

Transfer registrations checklist

- All parties have signed the form
- Fee for application/assessment submitted

OFFICE USE (AUTH: Transfer registration #120)		
Fee payable:\$	Registration No.:	
Receipt No:	Date paid:	Amount paid:
Conditions of registration/renewal:		