



CHANGE OF OWNER OF A HEALTH PREMISES

HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911

1. Owner details (Details of the sole trader, or Pty Ltd company legally responsible for the business)

| | | | |
|------------------|----------------------|------------|----------------------|
| Owner name: | <input type="text"/> | | |
| ABN/ACN | <input type="text"/> | | |
| Mailing address: | <input type="text"/> | | |
| Postcode: | <input type="text"/> | Telephone: | <input type="text"/> |
| Mobile: | <input type="text"/> | Facsimile: | <input type="text"/> |
| Email: | <input type="text"/> | | |
| Contact name: | <input type="text"/> | | |

2. Premises details (Lodging house, public building, skin penetration premises, hairdresser)

| | | | |
|--------------------------------------|----------------------|------------|----------------------|
| Premises name: | <input type="text"/> | | |
| Currently registered in the name of: | <input type="text"/> | | |
| Premises address: | <input type="text"/> | | |
| Postcode: | <input type="text"/> | Telephone: | <input type="text"/> |
| Email: | <input type="text"/> | | |
| Person in charge: | <input type="text"/> | | |

3. Details of manager appointed by the keeper (Lodging house only)

| | | | |
|-------------|----------------------|------------|----------------------|
| First Name: | <input type="text"/> | Surname: | <input type="text"/> |
| Mobile: | <input type="text"/> | Telephone: | <input type="text"/> |
| Email: | <input type="text"/> | | |

By ticking this box I confirm I understand that this form authorises the City of Perth to reproduce any documents associated with this application for internal purposes only.

Signature: _____ Date: ____ / ____ / ____

This form is available in alternative languages and formats on request