

Please provide at least one phone number and include the area code

Business Phone ()	After hours phone ()	Business Fax ()	Mobile ()
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Email

Contact Details (if different from above)

Title	Surname	Given Name 1*	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

PO Box GPO Box Private Bag Locked Bag RMB RSD

Street Address/ Postal Address

Suburb / Town

State

Postcode

Business Phone ()	After hours phone ()	Business Fax ()	Mobile ()
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Email

Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Proposed (New) proprietor details

Proprietor (If there is more than one proprietor of the business, complete details for each below)

Title*	Surname*	Given Name(s) *
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ACN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Business Name	Company Name
<input type="text"/>	<input type="text"/>

Address

PO Box GPO Box Private Bag Locked Bag RRN RSD

Street Address *

Suburb / Town

State

Postcode

Business Phone ()	After hours phone ()	Business Fax ()	Mobile ()
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Email

Is the business a Mobile Health Premises? *

Note: Mobile personal care and body art businesses that conduct skin penetration are not permitted.

If you are a mobile hairdresser or a mobile beauty therapist, please register your primary place of business

Description how the premises will be / is used for * e.g. body piercing and facials

Payment Details

Declaration

I understand and acknowledge that:

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

By marking this checkbox I confirm that I have read and understood all the statements above *

Name of person completing this application *

Date *

Signature of person completing this application *

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to www.centralgoldfields.vic.gov.au.

Lodgement

If you intend to post or fax this form please use the details provided below:

Central Goldfields Shire Council
PO Box 194
Maryborough Vic 3465

Website: www.centralgoldfields.vic.gov.au

Telephone: 03 5461 0610
Fax: 03 5461 0666
Email: mail@cgoldshire.vic.gov.au