



Application Form

Pre-Sale Inspection Report

Health Business

Health and Beauty Businesses - Public Health Wellbeing Act 2008

If you are taking over an existing health or beauty business, it is highly recommended that you request a pre-sale inspection with consent from the current proprietor (person or company). This is to ensure the business you are purchasing meets the Public Health Wellbeing Act and Health regulations.

The standard timeframe for this service is 10 working days. We offer a priority pre-sale inspection service within 5 working days of submitting your application for an additional cost.

Please refer to our website for the current fees and charges.

If you have already taken over a health/beauty business without a pre-sale inspection, you must contact the Environmental Health Department to obtain a *Transfer of Health Registration Application Form*.

In Person	Via Email	By Phone
699 Doncaster Road DONCASTER VIC 3108 8:00 am to 5:00 pm Monday to Friday	foodsafety@manningham.vic.gov.au	9840 9333

For payments Council must generate a tax invoice after receiving your application before payment can be accepted.

Once you have received your tax invoice, payment can be made online via the following options:

- Post Bill Pay
- Bpay
- Cheque
- In person at the cashiers



Interpreter service

9840 9355

普通话 | 廣東話 | Ελληνικά

Italiano | عربي | فارسی

Manningham Council

699 Doncaster Road (PO Box 1), Doncaster, Victoria 3108

p 03 9840 9333 f 03 9848 3110

e manningham@manningham.vic.gov.au

ABN 61 498 471 081 www.manningham.vic.gov.au



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Health/Beauty Businesses Pre-Sale Request Form

Current Proprietors Consent

Consent must be given by the current proprietor before Council can provide the service.

Current Proprietors Details

Name of Proprietor*

Address of current proprietor*

Business trading name*

Address of Health Premises*

*I **HEREBY CONSENT** to Manningham City Council disclosing any information, reports or documents relating to the above health/beauty premises to the applicant detailed below.*

Signature of current proprietor*

Applicant Details (Person whom the information will be disclosed to)

Name of Applicant*

Name of proposed new proprietor*

Postal address

Contact number*

E-mail*

Proposed date of settlement*

Proposed business activity*

*Provide a description of your proposed activities and changes you are making to the business. Include any changes to the services provided and any structural changes.



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Health/Beauty Businesses Pre-Sale Request Form

Solicitor Details (if the application is being submitted by the solicitor)

Name of Solicitor	
Solicitor Company	
Contact Number	
E-mail	

Privacy Statement

Manningham City Council (MCC) is committed to full compliance with its obligations under the Privacy and Data Protection Act 2014 (Vic) and the Health Records Act 2001 (Vic). All personal information collected by MCC will be used for MCC's business purposes and kept confidential. It will not be disclosed to third parties unless MCC is required to disclose the information under other legislation or disclosure is necessary to complete the purpose for which it is sought. You may access information you have provided to MCC at any time and make corrections if you believe that information is incorrect. Copies of MCC's Information Privacy and Security Policy and Health Records Policy are available on the website at www.manningham.vic.gov.au/privacy

I hereby consent to receiving correspondence by email and understand that I can unsubscribe at any time.

TRIM: D19/68922