

Application for Registration Prescribed Accommodation Premises

Public Health and Wellbeing Act 2008

Council use only

Application date:	
Ledger number:	
Application number:	
Date of registration:	

Strathbogie Shire Council

61 03 57950000 http://www.strathbogie.vic.gov.au

Questions marked with an asterisk (*) are mandatory and must be completed

Council specific information

Please use this form to apply to Shire of Strathbogie Council to transfer the registration of prescribed accomodation premises from the current to new proprietor.

Please note the transfer of the registration is not official until Council has approved the application.

Applicant details		
Proprietor		
Is this proprietor a contact for this application? *		
Title * Surname * Given Name(s) *		
ABN ACN		
Business Name Company Name		
Address Street address / Postal address *		
Suburb / Town * State * Postcode *		
Please provide at least one phone number and include the area code * Business phone Home phone Business fax Mobile		
Contact details		
Contact for this application Title * Surname * Given Name(s) * Image: Surname * Image: Surname * Image: Surname *		
Address Street address / Postal address *		
Suburb / Town * State * Postcode * VIC		
Please provide at least one phone number and include the area code *		



Business phone Home phone	Business fax Mobile	
Email		
Premises details		
Address		
Street address / Postal address *		
Suburb / Town *	State * Postcode *	
Primary Language Spoken at Premises * (to assist with communication in the future)		
Prescribed Accommodation Details		
Will the premises provide food to guest and/or the public? * (e.g. bed and breakfast) O Yes O No		
Please choose a type of accommodation *		
Residential accommodation Hotel / Motel		
Student dormitory Holiday camps	Rooming house	
Maximum Number of Guests Accommodated *: Number of Rooms :		
If you provide accommodation for three or less people and will not be serving food to guest and/or public, you do not need to proceed with this application		
Will the premises provide food to guest and/or the public? * (e.g. bed and breakfast) OYes No If yes, please complete the Food Related Premises Details		
Supporting documents		
Additional Information As Requested By Council Only (1) Copy. If providing attachment electronically, please supply as: jpeg;doc;pdf If you have discussed this application with Council prior to delivering the application to Council, Council may request additional information based upon the nature of the application.		
Payment details		
For relevant fees and charges please contact Council on 1800 065 993.		
How to pay:		
By cash, cheque or credit card - if you know the fee to be paid, include payment when delivering the form by post, fax or in person eg cash or cheque. If you do not know the fee to be paid, please contact Council to determine the fee applicable.		



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

Name of person completing this application *

Signature of person completing this application

Date *

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 http://www.business.vic.gov.au/BUSVIC/STANDARD/PRIVACY.html

Lodgement

If you intend to post this form please use the details provided below: Strathbogie Shire Council Address: PO Box 177 Euroa 3666 Telephone: 61 03 57950000 Fax: 61 03 5795 3550 Email: info@strathbogie.vic.gov.au Website: http://www.strathbogie.vic.gov.au

