**Application for Registration Prescribed Accommodation Premises **Public Health and Wellbeing Act 2008

# Council use only

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

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# Strathbogie Shire Council

61 03 57950000 [http://www.strathbogie.vic.gov.au](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 accommodation 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? \*

Yes

No

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

Email

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**Contact details**

**Contact for this application**

Title \*

Surname \*

Given Name(s) \*

**Address**

Street address / Postal address \*

Suburb / Town \*

State \*

VIC

Postcode \*

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

**Premises details**

**Address**

Street address / Postal address \*

Suburb / Town \*

State \*

VIC

Postcode \*

Primary Language Spoken at Premises \* *(to assist with communication in the future)*

Business phone

Home phone

Business fax

Mobile

Email

**Prescribed Accommodation Details**

Will the premises provide food to guest and/or the public? \*

Please choose a type of accommodation \*

(e.g. bed and breakfast)

Yes

No

Residential accommodation Hotel / Motel Hostel

Student dormitory Holiday camps Rooming house

Maximum Number of Guests Accommodated \*:

Number of Rooms :

Will the premises provide food to guest and/or the public? \* (e.g. bed and breakfast)

Yes

No

If yes, please complete the Food Related Premises Details

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

**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**

**Prescribed Accommodation registration fees 2018/2019**

Prescribed Accommodation (no kitchen) - $206

Prescribed Accommodation – Transfer of Registration - $103

New Business Establishment Fee – 50% of scheduled fee

**How to pay:**

By cash, cheque or credit card. – The Fee must be paid upon the lodgment of the 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 <http://www.business.vic.gov.au/BUSVIC/STANDARD/PRIVACY.html>

**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 \*

**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](http://www.strathbogie.vic.gov.au/)