

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 notify Shire of Strathbogie of your intent to register a Prescribed Accommodation business.

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

Applicant details

Existing Proprietor

Is this proprietor a contact for this application? Yes No

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

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

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

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

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Proposed (new) proprietor details

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

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

Business Name	Company Name
<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 *

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

Business phone

Home phone

Business fax

Mobile

Email

Contact details

Contact for this application

Title

Surname *

Given Name(s)

Address

PO Box

GPO Box

Private Bag

Locked Bag

RMB

RSD

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

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) Yes No

Please choose a type of accommodation *

Residential accommodation

Hotel / Motel

Hostel

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)

Yes 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: 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. If you do not know the fee to be paid, Council will contact you after receiving the application and advise you of the fee and how to pay it.

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 *

Name of the existing proprietor *

Signature of the existing proprietor

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 57953550

Email: info@strathbogie.vic.gov.au

Website: <http://www.strathbogie.vic.gov.au>