



Application for Transfer of Registration Prescribed Accommodation

Public Health and Wellbeing Act 2008

Council Use Only	
Application Number :-	<input type="text"/>
Application Date:-	<input type="text"/>
Ledger Number:-	<input type="text"/>

Southern Grampians Shire Council

Tel: 03 5573 0444 www.sthgrampians.vic.gov.au

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

Council Specific Information

Please use this form to notify Southern Grampians Shire Council of your intent to t an accommodation related business under the Public Health and Wellbeing Act 2008. Please note 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 Names *

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"/>
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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"/>
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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

 ()

After hours phone

 ()

Business Fax

 ()

Mobile

 ()

Email

Proposed (New) Proprietor Details

Title*

Surname*

Given Names *

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

After hours phone

Business Fax

Mobile

Email

Contact details

Contact for this application

Title*

Surname*

Given Name(s) *

ABN

ACN

Business Name

Company Name

Address

Street Address *

Suburb / Town

State

Postcode

Business Phone

After hours 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 guests and/or the public? * (e.g. bed and breakfast) Yes No
(If yes please contact Council regarding Food Registration)

Please specify the type of accommodation *

- Motel/hotel Holiday camp Hostel
 Residential accommodation Rooming house Student dormitory Other (please specify)

Maximum number of guest accommodated *

Number of rooms

If you provide accommodation for five or less people and will not be serving food to guest and/or public, you do not need to proceed with this application

Proposed Prescribed accommodation Registration Transfer Date

The Proposed Prescribed Accommodation Registration Date

Supporting Documents

Request for Inspection of a Premises Application

Application requests Transfer inspection and consent from the Prescribed Accommodation Premises proprietors to disclose information and the publication of any documents for the said premises.

Additional Information As Requested By Council Only (1) Copy

If providing attachment electronically please supply as: docx, jpeg, doc

If you have discussed this application with Council prior to delivering the application to Council, Council may request additional

Payment Details

Please contact Council to confirm the applicable fee to register an Accommodation Premises

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.
- Agency name may refuse this application if it becomes evident that any information or supporting documents provided are incomplete or false.

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

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name.

Existing Proprietor

Signature

Print applicant name

Date

Existing Proprietor

Signature

Print applicant name

Date

Proposed New Proprietor

Signature

Print applicant name

Date

Proposed New Proprietor

Signature

Print applicant name

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 <https://www.sthgrampians.vic.gov.au/Privacy> .

Lodgement

In order to successfully lodge this form please use the details provided below:

POST:

Southern Grampians Shire Council
Environmental Health
Locked Bag 685
Hamilton Vic 3300

Email: eho@sthgrampians.vic.gov.au
Website: www.sthgrampians.vic.gov.au
Telephone: 03 5573 0444

IN PERSON:

111 Brown Street
Hamilton Vic 3300