



APPLICATION FOR REGISTRATION OF A PRESCRIBED ACCOMMODATION PREMISES

Public Health & Wellbeing Act 2008

SECTION 74 PUBLIC HEALTH AND WELLBEING ACT 2008

I/We the undersigned, hereby apply to register/renew/transfer under the provisions of the Public Health & Wellbeing Act 2008 the premises described hereunder and depicted in the floor plan attached lodged with Council.

PROPRIETOR DETAILS:

Name of applicant:							
Address of applicant:							
Authority (e.g. Director of Compa Company Name:	ny):						
ABN: ACN:							
Postal address (if different from a	bove):						
Contact numbers: Business phon	Facsimile:						
Home phone:	Home phone: Mobile:						
Email:							
PREMISES DETAILS:							
Trading name of business:							
Address of premises:							
Contact person at premises (if no	t the propriet	or):					
Contact numbers: Business phon	e:	Facsimile:					
Home phone:		Mobile:					
Email:							
PRESCRIBED ACCOMMODATIO	N DETAILS:						
Residential Accommodation*		Holiday Camp					
Hotel or Motel		Rooming House*					
Hostel Student Dormitory		B & B Other (specify)					
Student Donnitory		Other (specify)					
Maximum Number of PERSONS to	be accommo	dated:					
Number of BEDROOMS available for	or occupiers c	on payment of consideration:					
Number of BEDS in each bedroom	(attach separa	ate list if needed)					

Residential accommodation means any house, building, or other structure used as a place of abode where a person or persons can live on payment of consideration to the proprietor but does not include—

(a) a hotel or motel; or (d) a holiday camp; or (b) a hostel; or (e) a rooming house;

(c) a student dormitory; or

Rooming house means a building in which there is one or more rooms available for occupancy on payment of rent in which the total number of people who may occupy that room or those rooms is not less than 4.

A Rooming House operator must also apply for a licence via Consumer Affairs Victoria. Apply online: Apply for a licence - rooming house operators - Consumer Affairs Victoria

SUPPORTING DOCUMENTS:

□ 1 Copy of a floor plan (scale 1:100), including the proposed use of each room, must be submitted with this application.

PAYMENT DETAILS:

Please contact Council to confirm the fee for this application

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 provide false or misleading information
- I am over 18 years at the time of completing this application

□ By	[,] marking	j this	checkbox	I confirm	that I	l have	read	and	und	erstood	l al	the	stater	ments a	above

Name of the person completing this application:	
Signature of Applicant(s):	Date:

If you will be providing FOOD to your guests you will also need to apply for Food business registration.

PRIVACY STATEMENT:

Any personal information disclosed on this form has been collected by Indigo Shire Council for the provision of the services referred to on this form. This information will be used by Council for that purpose or directly related purpose and will not be disclosed to any other party except as required by law.

LODGEMENT:

Please return this application form together with the fee to:

By Mail:By Email:In Person:Po Box 55info@towong.vic.gov.auCall to arrange an appointmentTowong VIC 37001300 365 222