

## APPLICATION FOR REGISTRATION PRESCRIBED ACCOMMODATION PREMISES

Public Health and Wellbeing Act 2008

Office Use Only
Records Department

File No: LA/07/04

Document No:

## **Council Specific Information**

Please use this form to notify Buloke Shire Council of your intent to register a prescribed accommodation business. Please note the registration is not official until Buloke Shire Council has approved the application.

To help with completion of the application form please have handy your current food safety program (if a food business), contact details for the current proprietor. This form will take approximately 15 minutes to complete.

This form has been created to allow you to type information into the form. If you want a form to fill in by hand, please print the form and fill in clearly.

APPLICANT DETAILS			
Proprietor		_	
Is the proprietor a contact	t for this application?	☐ No	
Title: Surname:		Given Name(s):	
ABN		ACN	
Business Name:		Company Name:	
Address			
Street Address:		Town:	P/Code
Postal Address (if differen	nt from street address):		
Phone:	Mobile:	Fax:	
Email:			
CONTACT DETAILS			
Contact for this application	on		
Title: Surname:		Given Name(s):	
Street Address:		Town:	P/Code
Phone:	Mobile:	Fax:	
Email:			

PREMISES DETAILS		
Address		- 1
Street Address:	Town:	P/Code
Primary Language Spoken at Premises (To assist with comm	unication in the future)	
PRESCRIBED ACCOMMODATION DETAILS		
Will the premises provide food to guest and/or the public?	(eg. bed and breakfast) Yes No	If yes please complete the Food
Please choose a type of accommodation		Related Premises Details
Residential accommodation Hotel/Motel	☐ Hostel	
☐ Student dormitory ☐ Holiday camps	☐ Rooming House	
Maximum Number of Guests Accommodated: Number	er of rooms:	
Premises in which, other than family of the proprietor, root a rooming house do not need to proceed with this a	•	nmodated, and which is
SUPPORTING DOCUMENTS		
If you have discussed this application with Council prior to debased upon the nature of the application.	elivering the application, Council n	nay request additional information
FEES		
Contact Council to confirm the fees.		
PAYMENT DETAILS		
How to pay:		
By Cash or Cheque - Buloke Shire Council Office, 367 Broads By Cheque - Via post to Buloke Shire Council, PO Box 1 WYC		
DECLARATION		
I understand and acknowledge that the information provide knowledge. This application forms a legal document and pe 18 years at the time of completing this application.	• •	•
$\hfill \square$ By ticking this checkbox i confirm that I have read and un	nderstood all of the statements ab	oove
Full name of person completing this application: Sign	gnature of person completing this	application: Date:
PRIVACY		
We respect your privacy. We will not sell or give away your personal information, to let you know about other council information. If you want to see your personal oplease call (03) 5478 0100.		
LODGEMENT		
Note: You are required to sign this form.  Print form - lodge your application (including form, any required to sign this form.  In Person:	uired supporting information and r	necessary payment)

Wycheproof - 367 Broadway, Wycheproof

B215-0620

Mail:

**Buloke Shire Council** 

Wycheproof Vic 3527

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