



APPLICATION FOR REGISTRATION PRESCRIBED ACCOMMODATION PREMISES

Public Health and Wellbeing Act 2008

<i>Office Use Only Records Department</i>	File No: LA/07/04	Document No: <input style="width: 150px; height: 20px;" type="text"/>
---	-------------------	---

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 for this application? Yes No

Title: Surname: _____ Given Name(s): _____

ABN _____ ACN _____

Business Name: _____ Company Name: _____

Address

Street Address: _____ Town: _____ P/Code _____

Postal Address (if different from street address): _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

CONTACT DETAILS

Contact for this application

Title: Surname: _____ Given Name(s): _____

Street Address: _____ Town: _____ P/Code _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

PREMISES DETAILS

Address

Street Address: _____ Town: _____ P/Code _____

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? (eg. bed and breakfast) Yes No If yes please complete the Food Related Premises Details

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: _____

Premises in which, other than family of the proprietor, not more than 5 persons are accommodated, and which is not a rooming house do not need to proceed with this application

SUPPORTING DOCUMENTS

If you have discussed this application with Council prior to delivering the application, Council may request additional information based upon the nature of the application.

FEES

Contact Council to confirm the fees.

PAYMENT DETAILS

How to pay:

By Cash or Cheque - Buloke Shire Council Office, 367 Broadway, Wycheproof

By Cheque - Via post to Buloke Shire Council, PO Box 1 WYCHEPROOF 3527

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 of the statements above

Full name of person completing this application: _____ Signature of person completing this application: _____ Date: _____


PRIVACY


We respect your privacy. We will not sell or give away your personal information, unless required by law. Occasionally we may use your details for our own research purposes or to let you know about other council information. If you want to see your personal data, modify your details, or if you receive information from us you do not want in future please call (03) 5478 0100.

LODGEMENT

Note: You are required to sign this form.

Print form - lodge your application (including form, any required supporting information and necessary payment)

 **Mail:** Buloke Shire Council
PO Box 1,
Wycheproof Vic 3527

 **In Person:**
Wycheproof - 367 Broadway, Wycheproof

Telephone: (03) 5478 0100
Fax: (03) 5493 7395
Email: buloke@buloke.vic.gov.au
www.buloke.vic.gov.au