

APPLICATION FOR REGISTRATION PRESCRIBED ACCOMMODATION PREMISES

Public Health and Wellbeing Act 2008

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HIRE COUNCIL	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 f	or this application?	□ 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 applicatior	I		
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 Prem	nises (To assist with con	nmunication in the future)	
PRESCRIBED ACCOMMODATION I	DETAILS		
Will the premises provide food to	If yes please complete the Food Related Premises Details		
Please choose a type of accommo	dation		Related Fremises Details
Residential accommodation	Hotel/Motel	🗌 Hostel	
Student dormitory	Holiday camps	Rooming House	
Maximum Number of Guests Acco	ommodated: Num	ber of rooms:	
Premises in which, other than not a rooming house do not no	· · ·	r, not more than 5 persons are according to the second state of th	ommodated, and which is
SUPPORTING DOCUMENTS			

If you have discussed this applicaton 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:
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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) In Person: Telephone: (03) 54

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

Wycheproof - 367 Broadway, Wycheproof

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