



APPLICATION FOR TRANSFER OF REGISTRATION PRESCRIBED ACCOMMODATION PREMISES

Public Health and Wellbeing Act 2008

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Council specific information

Please use this form to apply to Buloke Shire Council to transfer the registration of a prescribed accommodation premises from the current proprietor to a new proprietor. Please note that the transfer of the registration is not official until Council has approved this application.

APPLICANT DETAILS

Existing Proprietor

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: _____

PROPOSED (NEW) PROPRIETOR DETAILS

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

Surname: _____ Given Name(s): _____

Address

Street Address: _____ Town: _____ Postcode: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

PREMISES DETAILS

Address

Street Address: _____ Town: _____ Postcode: _____

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 contact council regarding Food Act Registration**

Please choose a type of accommodation:

- Residential Accommodation Hotel/Motel Hostel Bed and Breakfast
 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

Additional Information as Requested by Council Only (1) Copy

If providing attachment electronically, please supply as: jpeg;doc;pdf

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

FEES

The fee for transfer of food/health registration depends upon the type of food/health business. Contact Council to confirm the fees .

How to pay:

By Cash or Cheque - At Buloke Shire Council Wycheproof Office

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

ACKNOWLEDGMENT

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 existing proprietor:

Signature of existing proprietor:

Date:

Full name of proposed new proprietor:

Signature of proposed new proprietor:

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 1300 520 520

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: 1300 520 520
Fax: (03) 5493 7395
Email: buloke@buloke.vic.gov.au
www.buloke.vic.gov.au