



**Application for Transfer of Registration
Prescribed Accommodation Premises
Public Health and Wellbeing Act 2008**

Moyne Shire Council
Tel: 03 5568 0555
www.moyne.vic.gov.au

Council Use Only	
Application Date :-	<input type="text"/>
Document ID:-	<input type="text"/>
Application Number:-	<input type="text"/>
Date of registration:	<input type="text"/>

Council Specific Information

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

Applicant Details

Existing Proprietor

Title	Surname	Given Name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ABN	ACN		
<input type="text"/>	<input type="text"/>		
Business Name	Company Name		
<input type="text"/>	<input type="text"/>		
Address			
Street Address/ Postal Address			
<input type="text"/>			
Suburb / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

Existing Proprietor 2 (if applicable)

Title	Surname	Given Name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ABN	ACN		
<input type="text"/>	<input type="text"/>		
Business Name	Company Name		
<input type="text"/>	<input type="text"/>		
Address			
Street Address/ Postal Address			
<input type="text"/>			
Suburb / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

Proposed (new) Proprietor Details

Proposed Proprietor

Title	Surname	Given Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

Address

Street Address/ Postal Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Proposed Proprietor 2 (if applicable)

Title	Surname	Given Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

Address

Street Address/ Postal Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Premises Details

Address

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Language Spoken at Premises *(to assist with communication in the future)*

Prescribed accommodation details

Will the premises provide food to guests and/or the public?
(e.g. bed and breakfast)

Yes No

If yes, please complete the Food Related Premises Details.

Please detail the type of accommodation:

Motel/hotel, holiday camp, hostel, residential accommodation, rooming house, student dormitory or other (please specify)

Maximum number of guest accommodated

Number of rooms

IMPORTANT - If you provide accommodation for three or less people and will not be serving food to guest and/or public, you do not need to proceed with this application

Supporting Documents

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

Payment Details

Please contact Moyne Shire Council's Environmental Health Officer on 03 5568 0555 to confirm appropriate fee and arrange payment.

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 marking this checkbox I confirm that I have read and understood all the statements above

Name of person completing this application

Date

Signature of person completing this application

Privacy Statement

The personal information on this form is required by Council for Application for Transfer of Registration of a Prescribed Accommodation Premises under the Public Health and Wellbeing Act 2008. We will only use your personal information for this and related purposes. If this information is not provided, we may not be able to deal with this matter. You may access and/or amend your personal information at any time.

Lodgement

Lodge the completed and signed form and all documents with:

Moyne Shire Council
PO Box 51
PORT FAIRY VIC 3284

Telephone: 03 5568 0555

Fax: 03 5568 2515

Email: moyne@moyne.vic.gov.au

Website: www.moyne.vic.gov.au