

Prescribed Accommodation

Application for renewal/registration/transfer

Section 71 Public Health and Wellbeing Act 2008 & Regulation 16 Public Health and Wellbeing Regulations 2009

I/we the undersigned hereby apply to register/renew the registration of the premises hereunder described;

Renewal of registration
 New registration
 Transfer of registration
 (new proprietor must complete all sections)

Premises trading name:			
Premises trading address:			
Premises contact details:	Phone:	Mobile:	
	Email:		
Name of proprietor: (company/partnership/individual)			
Postal address: (used for all correspondence)			
Proprietor contact details:	Phone:	Mobile:	
	Email:		

I would like to receive my next registration renewal application via email

Type of accommodation: (Please tick one of the following – Note: Final classification to be determined by Council)	<input type="checkbox"/> Residential Accommodation	<input type="checkbox"/> Hotel or Motel
	<input type="checkbox"/> Hostel	<input type="checkbox"/> Student Dormitory
	<input type="checkbox"/> Holiday Camp	<input type="checkbox"/> Rooming House*
Number of rooms available:		Number of beds per room:
*ABN / CAN:		
*Proprietor date of birth:		
*Contact person at premises: (If not proprietor)		
*Contact person residential address:		
*Contact person postal address:		
*Contact person details:	Phone:	Mobile:
	Email:	

*Required for a Rooming House only

Signature of proprietor:	Signature of proprietor:
Print name:	Print name:
Date:	Date:

Transfer of registration

Current premises trading name	
Current premises trading address	

I/we the undersigned as the current proprietor of the premises described, hereby consent to the transfer of registration under the Public Health and Wellbeing Act 2008.

Signature of current proprietor:	Signature of current proprietor:
Print name:	Print name:
Date:	Date:

I/we the undersigned hereby apply to transfer the registration of the premises described, under the Public Health and Wellbeing Act 2008.

Signature of new proprietor:	Signature of new proprietor:
Print name:	Print name:
Date:	Date:

New and transfer registrations checklist

- Floor plan of the premises attached
- All parties have signed form
- Fee for application submitted

Other Council department considerations

- Regulatory Services Department – Footpath Trading permit (chairs, signage and goods for sale)
- Planning Department consulted – Permits (Use of building, signage on building)
- Building Department – Permits (significant building works)

OFFICE USE (AUTH: New registration #122 – Transfer registration #120)		
Fee payable:\$	Registration No.:	
Receipt No:	Date paid:	Amount paid:
Conditions of registration/renewal:		