

Application for registration of Prescribed Accommodation

Section 71 Public Health and Wellbeing Act 2008

Regulation 16 Public Health and Wellbeing (Prescribed Accommodation) Regulations 2009

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

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:		

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:	

*Rooming House Operators must complete this section:

Rooming House Operators Licence:			
ABN / ACN:			
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:		

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

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)		
Fee payable:\$	Registration No.:	
Receipt No:	Date paid:	Amount paid:
Conditions of registration:		