

Application for transfer 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 transfer the registration of the premises hereunder described;

Premises trading name:		
Premises trading address:		
Premises contact details:	Phone:	Mobile:
	Email:	
Name of new proprietor: (company/partnership/individual)		
Postal address: (used for all correspondence)		
New 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"/> Hostel <input type="checkbox"/> Holiday Camp	<input type="checkbox"/> Hotel or Motel <input type="checkbox"/> Student Dormitory <input type="checkbox"/> Rooming House*

***Rooming House operators complete over page**

Number of rooms available:		Number of beds per room:	
Contact person at premises: (If not proprietor)			
Contact person residential address:			
Contact person postal address:			
Contact person details:	Phone:	Mobile:	
	Email:		

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

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

***Rooming House Operators must complete this section:**

Rooming House Operators Licence:	
ABN / ACN:	
Proprietor date of birth:	

Checklist

- 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: Transfer registration #120)		
Fee payable:\$	Registration No.:	
Receipt No:	Date paid:	Amount paid: