



Application to Register a Prescribed Accommodation Premises

Public Health and Wellbeing Act 2008

Fields marked with an asterisk (*) are mandatory and must be completed

Applicant Details

Proprietor

Title* Surname* Given names*

ABN ACN

Business name Company name

Address

PO Box GPO Box Private Bag Locked Bag RRN RSD

Street address/ Postal address*

Suburb / Town* State* Postcode*

Please provide at least one phone number and include the area code*

Business phone After hours phone Business fax Mobile

Email

Contact details

Contact details for this application (if different from above)

Title Surname Given name(s)

Address

PO Box GPO Box Private Bag Locked Bag RRN RSD

Street address

Suburb / Town State Postcode

Please provide at least one phone number and include the area code *

Business phone

After hours phone

Business fax

Mobile

Email

Premises details

Address

Street address / Postal address *

Suburb / Town *

State *

Postcode *

Primary language spoken at premises (to assist with communication in the future)

Prescribed accommodation details

Please choose a type of accommodation *

Residential accommodation

Hotel / Motel

Hostel

Student dormitory

Holiday camps

Rooming house

Other, please specify _____

Maximum number of guests accommodated*

Number of rooms

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

Yes

No

If yes you will need to complete an 'Application to Register a Food Premises' form also

Payment Details

2018/2019 Prescribed accommodation registration fees

- Level 1: 5 to 25 beds - \$145.00
- Level 2: 26 to 50 beds - \$200.00
- Level 3: 51 to 74 beds - \$265.00
- Level 4: 75 to 100 beds - \$330.00
- Level 5: 101 to 125 beds - \$395.00

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 information gathered in the form is used by Council to process the application.

To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at:
www.murrindindi.vic.gov.au

Lodgement

Please submit this form to:

Environmental Health Unit
Murrindindi Shire Council
PO Box 138, Alexandra Vic 3714
T: 5772 0377
F: 5772 2291
E: msc@murrindindi.vic.gov.au