

# INDIGO SHIRE COUNCIL APPLICATION FOR REGISTRATION OF A PRESCRIBED ACCOMMODATION PREMISES

Section 74 Public Health & Wellbeing Act 2008

I/We the undersigned, hereby apply to register/renew/transfer under the provisions of the *Public Health* & *Wellbeing Act 2008* the premises described hereunder and depicted in the floor plan attached lodged with Council for the year ending 31st December, 2015.

PROPRIETOR	R DETAILS:				
Name of appli	cant:				
Address of ap	plicant:				
	Director of Company):				
Company Nar	ne:				
ABN:					
	s (if different from above	<del>)</del> ):			
Contact numbers: Business phone:		Facsimile:			
Home phone:			Mobile:		
Email:					
PREMISES D					
Trading name	of business:				
Address of pre	emises:				
Contact perso	n at premises (if not the	proprietor):			
Contact numbers: Business phone: Facsimile:					
	Home phone:		Mobile:		
Email:					
PRESCRIBE	D ACCOMMODATION D	DETAILS:			
Residential Acc	nommodation*		Holiday Camp		
Hotel or Motel	Johnnouation		Rooming House*		
Hostel		П	B & B		
Student Dormite	Orv		Other (specify)	Ш	
Oldderil Dorrill	Эгу	Ш	Caron (opcony)		
Maximum Number of PERSONS to be accommodated:					
Number of BEDROOMS available for occupiers on payment of consideration:				:	
Number of BEDS in each bedroom (attach separate list if needed)					
Residential accommodation means any house, building, or other structure used as a place of abode where a person or persons can live on payment of consideration to the proprietor but does not include—  (a) a hotel or motel; or (d) a holiday camp; or  (b) a hostel; or (e) a rooming house;  (c) a student dormitory; or					

**Rooming house** means a building in which there is one or more rooms available for occupancy on payment of rent in which the total number of people who may occupy that room or those rooms is not less than 4.



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#### SUPPORTING DOCUMENTS:

- 1 Copy of a floor plan (scale 1:100), including the proposed use of each room, must be submitted with this application.

#### **PAYMENT DETAILS:**

Please contact Council to confirm the fee for this application

### **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 provide 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 al	Il the statements above
Name of the person completing this application:	
Signature of Applicant(s):	Date:

#### PRIVACY STATEMENT:

Any personal information disclosed on this form has been collected by Indigo Shire Council for the provision of the services referred to on this form. This information will be used by Council for that purpose or directly related purpose and will not be disclosed to any other party except as required by law.

#### LODGEMENT:

Please return this application form together with the fee to:

Indigo Shire Council

Address: PO BOX 28 Beechworth VIC 3747

FAX: 03 57281676

E mail: info@indigoshire.vic.gov.au