



Application to Register a Prescribed Accommodation Premises

Public Health and Wellbeing Act 2008

Corangamite Shire Council

(03) 5593 7100 www.corangamite.vic.gov.au

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

Proprietor details			
Title *	Surname *	Given name(s) *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Directory of company)			
Authority		Company name (if applicable)	
<input type="text"/>		<input type="text"/>	
e.g. Director of company			
ABN	ACN		
<input type="text"/>	<input type="text"/>		
Street address / Postal address *			
<input type="text"/>			
Suburb / Town *		State *	Postcode *
<input type="text"/>		<input type="text"/>	<input type="text"/>
Please provide at least one phone number and include the area code *			
Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

Premises Details			
Trading name of premises *			
<input type="text"/>			
Premises address			
Street address *			
<input type="text"/>			
Suburb / Town *		State *	Postcode *
<input type="text"/>		<input type="text"/>	<input type="text"/>
Contact person at premises (if not the proprietor)			
Title	Surname	Given name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please provide at least one phone number and include the area code			
Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

Prescribed Accommodation Details

Will the premises provide food to guests and/or the public? * (e.g, bed and breakfast) Yes No

Please choose a type of accommodation *

- Residential accommodation Hotel/Motel Hostel
 Student dormitory Holiday Camps Rooming House

Maximum Number of Guests Accommodated *: Number of Bedrooms *:

Total area (squares) of accommodation:

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

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name.

Signature

Signature

Print Name

Print Name

Date

Date

Payment details

Please contact Council to confirm the Registration Fee

Return with payment to:

Environmental Health
Corangamite Shire Council
PO Box 84
CAMPERDOWN VIC 3260

☎ (03) 5593 7100
📠 (03) 5593 2965
✉ shire@corangamite.vic.gov.au