



CORANGAMITE SHIRE

Application to Transfer the Registration of Prescribed Accommodation

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

CURRENT Proprietor details

I/We, the undersigned proprietor/s hereby apply to transfer the registration under the provisions of the Public Health & Wellbeing Act for the premises described hereunder:

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

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number (include the area code) & email

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

PROPOSED NEW 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

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number (include the area code) & email

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Premises Details

Trading name of premises *

Premises address

Street address *

Suburb / Town *

State *

Postcode *

Contact person at premises (if not the proprietor)

Title

Surname

Given name(s)

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

Business phone

Home phone

Business fax

Mobile

Email

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:

Transfer Payment details

Please contact Council to confirm the Transfer Fee

Return with payment to:

Environmental Health
Corangamite Shire Council
PO Box 84
CAMPERDOWN VIC 3260

☎ (03) 5593 7100
☎ (03) 5593 2695
✉ shire@corangamite.vic.gov.au

Declaration

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.

CURRENT Proprietor

Signature

Signature

Print Name

Print Name

Date

Date

PROPOSED NEW Proprietor

Signature

Signature

Print Name

Print Name

Date

Date

Proposed transferring date: