



Application for Registration
Prescribed Accommodation Premises
Public Health and Wellbeing Act 2008

| Council Use Only | |
|-----------------------|----------------------|
| Application Number :- | <input type="text"/> |
| Application Date:- | <input type="text"/> |
| Ledger Number:- | 2125000.5202 |

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

Council Specific Information

Mount Alexander Shire Council
T: 61 03 5471 1700

Applicant Details

Proprietor

Title* Surname* Given Name 1* Given Name 2

ABN ACN

Business Name Company Name

Address

PO Box GPO Box Private Bag Locked Bag RMB 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

Proprietor 2 (if applicable)

Title Surname Given Name 1 Given Name 2

ABN ACN

Business Name Company Name

Address

PO Box GPO Box Private Bag Locked Bag RMB 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

Proprietor 3 (if applicable)

Title

Surname

Given Name 1

Given Name 2

ABN

ACN

Business Name

Company Name

Address

 PO Box GPO Box Private Bag Locked Bag RMB 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 (if different from above)

Title

Surname

Given Name 1*

Given Name 2

Address

 PO Box GPO Box Private Bag Locked Bag RMB RSD

Street Address/ Postal Address

Suburb / Town

State

Postcode

Business Phone

After hours phone

Business Fax

Mobile

Email

Business Phone

After hours phone

Business Fax

Mobile

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

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

If yes, please complete the Food Related Premises Application

Please detail the type of accommodation * Motel/hotel, holiday camp, hostel, residential accommodation, rooming house, student dormitory or other (please specify)

Maximum number of guests accommodated *

Number of rooms

If you provide accommodation for three or less people and will not be serving food to guest and/or public, you do not need to proceed with this application

Payment Details

Please refer to council's for the appropriate fee

http://www.mountalexander.vic.gov.au/Page/Page.asp?Page_Id=461&h=0

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 : http://www.mountalexander.vic.gov.au/Page/Page.asp?Page_Id=126&h=1

Lodgement

If you intend to post or fax this form please use the details provided below:

Mount Alexander Shire Council
PO Box 185
CASTLEMAINE VIC 3450

Telephone: 03 5471 1700
Fax: 03 5471 1749
Email: info@mountalexander.vic.gov.au
Website: www.mountalexander.vic.gov.au