



**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:-	<input type="text"/>

Hindmarsh Shire Council

Tel: 03 5391 4444

www.hindmarsh.vic.gov.au

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

Council Specific Information

Environmental Health Officer, Hindmarsh Shire Council, PO Box 250, NHILL, VIC 3418.

Applicant Details

Proprietor

Title*	Surname*	Given Name 1*	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

Address

PO Box GPO Box Private Bag Locked Bag RMB RSD

Street Address/ Postal Address*

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	After hours phone	Business Fax	Mobile
() <input type="text"/>	() <input type="text"/>	() <input type="text"/>	() <input type="text"/>

Email

Proprietor 2 (if applicable)

Title	Surname	Given Name 1	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ABN	ACN
<input type="text"/>	<input type="text"/>

Business Name	Company Name
<input type="text"/>	<input type="text"/>

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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

After hours phone

Business Fax

Mobile

Email

Proprietor 3 (if applicable)

Title

Surname

Given Name 1

Given Name 2

ABN

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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 Details

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

Maximum number of guest 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

Supporting Documents

Payment Details

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.hindmarsh.vic.gov.au

Lodgement

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

Hindmarsh Shire Council
PO Box 250
NHILL VIC 3418

Telephone: 03 5391 4444
Fax: 03 5391 1376
Email: info@hindmarsh.vic.gov.au
Website: www.hindmarsh.vic.gov.au/