



ENVIRONMENTAL HEALTH

APPLICATION FOR REGISTRATION FOR PRESCRIBED ACCOMMODATION

Collection Notice

We will handle any personal information you have provided in this form in accordance with the Privacy and Data Protection Act 2014. Our privacy policy contains information about how you may access your personal information and seek correction of such information; as well as how to complain about a breach of the Australian Privacy Principles and how we will deal with such a complaint. For more information, please see our Privacy Policy or contact our team on (03) 5391 4444. Your personal information will not be disclosed to any other party unless Council is required to do so by law, has gained your consent to do so or an information privacy principle exemption applies.

IMPORTANT: Once your form has been processed, you will receive an invoice for payment. Payment must be made **within 30 days**, or your application may not be processed.

Areas marked with a red asterisk (*) are mandatory and must be completed.

Council Use Only:

Application Number:	Application Date:	Ledger Number:
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Council Specific Information

Environmental Health Officer, Hindmarsh Shire Council, PO Box 250, NHILL, VIC 3418
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Applicant Details*:

Premises Details*:

Business/Company Name:	
ABN:	ACN:
Premises Address:	
Business Phone	Business Email:

Proprietor*:

Title:	Surname:	Given Name/s:
Home Address:		
Mobile:	Email:	

Proprietor 2 (if applicable):

Title:	Surname:	Given Name/s:
Home Address:		
Mobile:	Email:	



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Proprietor 3 (if applicable):

Title:	Surname:	Given Name/s:
Home Address:		
Mobile:	Email:	

Prescribed Accommodation Details*:

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

<input type="checkbox"/>	Motel / Hotel	<input type="checkbox"/>	Holiday Camp	<input type="checkbox"/>	Hostel	<input type="checkbox"/>	Residential Accommodation
<input type="checkbox"/>	Rooming House	<input type="checkbox"/>	Student Dorm	<input type="checkbox"/>	Other (please specify):		

Maximum number of guest's accommodated:	Number of Rooms:
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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.

Premises Details*:

Address:
Primary language spoken at premises (to assist with communication in the future)

Applicant Declaration*:

By signing this form, 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.

Signature*:

Name Printed:	Date:
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