

# Application to Transfer the Registration of Prescribed Accommodation Premises

Public Health and Wellbeing Act 2008

Warrnambool City Council

(03) 5559 4800

[www.warrnambool.vic.gov.au](http://www.warrnambool.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 provision of the Public Health and Wellbeing Act for the premises described hereunder:

**Proprietor (If the proprietor is a partnership rather than sole ownership, both names should be listed. If the proprietor is a company or an organisation, the company name should be listed).**

Title \*      Surname \*      Given Name(s)\*  
           

Proprietor 2 (if applicable)

Title \*      Surname \*      Given Name(s)\*  
           

Company Name (if applicable)

Company ABN      Company ACN  
     

### Address

Street address / postal address \*

Suburb / Town \*      State \*      Postcode \*  
           

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

Business phone      Home phone      Business fax      Mobile  
                 

Email

## PROPOSED NEW Proprietor Details

**Is this business to be registered as a company or an individual(s)  Company     Individual (s)**

Title \*      Surname \*      Given Name(s)\*  
           

Proprietor 2 (if applicable)

Title \*      Surname \*      Given Name(s)\*  
           

Company Name (if applicable)

Company ABN      Company ACN  
     

### Address

Street address / postal address \*

Suburb / Town \*      State \*      Postcode \*

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

Business phone

Home phone

Business fax

Mobile

Email

### Premises Details

Trading name of premises \*

#### Premises Address

Street address / postal address \*

Suburb / Town \*

State \*

Postcode \*

Contact Person at Premises (if different from 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

If yes, please complete *Application to Register a Food Premises form*.

Please choose a type of accommodation \*

Residential Accommodation

Hotel / Motel

Hostel

Student dormitory

Holiday camps

Rooming House

Other \*

Maximum number of guests accommodated \*

Number of rooms

A copy of the floor plan is: \*

Attached herewith

Previously lodged with Council

### Transfer Payment Details

**\$115.00**

### Lodgement

Return with Payment to:

Environmental Health  
Warrnambool City Council  
PO Box 198  
Warrnambool VIC 3280

Telephone (03) 5559 4800  
Fax (03) 5559 4900  
Website: Warrnambool.vic.gov.au

## 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 partnership, the proprietor(s) must sign and print name(s)

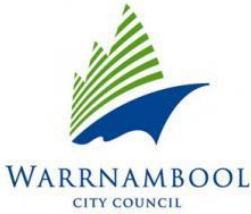
If the business is owned by a company or association – the applicant on behalf of that body must sign and print their name.

### CURRENT Proprietor

### PROPOSED NEW Proprietor

Proposed transfer date:

Office Use Only	Receipt Date:	Receipt #	Amount:	CSO Initials:
Account Number: 230 000-1044-41158				



# Warrnambool City Council Name & Address Register (NAR)

Request for the Creation of a New Record – **NEW PROPRIETOR**

Council is collecting the information on this form so that it may consider your application. The information is only used by Council for this purpose and will not be disclosed unless required by law.

## HEALTH UNIT

**Please complete all the following details:**

**Trading Name of Business**

.....

**Business details:**

Telephone: (Business).....(fax).....(mobile).....

Email address.....

Postal Service Address.....

Town..... State..... Postcode.....

Business Address (if different to service).....

Town..... State..... Postcode.....

**If applicable:**

ABN.....

ACN.....

Print Name..... Date.....

Signature of applicant..... Date.....

**OFFICE USE ONLY**

Print Name of Officer Submitting: ..... Date .....

NARO: Print name..... Date.....

**PLEASE SEND NEW DEBTOR NUMBER TO HEALTH UNIT**

Civic Centre 25 Liebig Street  
Website [www.warrnambool.vic.gov.au](http://www.warrnambool.vic.gov.au)  
Warrnambool Victoria Australia  
PO Box 198 Warrnambool VIC 3280

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AUSDOC DX 28005

ABN 44 594 264 321