

Application to Register a Prescribed Accommodation Premises

Public Health and Wellbeing Act 2008

Council is collecting the information on this form so that it may consider your application in accordance with the Public Health & Wellbeing Act 2008. The information is only used by Council for this purpose and will not be disclosed unless required under law.

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

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).

PROPRIETOR*

Name*: _____

Company name (if applicable) _____

ABN* _____ ACN: _____

Postal address*: _____

Suburb / Town * _____ State * _____ Postcode * _____

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

Business phone* _____ Home phone _____ Mobile _____

Email * _____

Contact person at premises (if different from proprietor) _____

Home phone _____ Mobile phone _____ Email _____

Note:

Trusts are not able to be registered. A trustee (individual or company) can be nominated who will be legally responsible for the registration.

PREMISES DETAILS

Trading name of premises * _____

Street address _____

Suburb / Town * _____ State * _____ Postcode * _____

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 Labour hire accommodation

Student dormitory Holiday camps Rooming House

Other: _____

Maximum number of guests accommodated * _____ Number of rooms _____

Warrnambool City Council requires a copy of the floor plan:

Attached

Previously lodged with Council

PAYMENT DETAILS

Please refer to the Environmental Health Department fees and charges table for:

New business - Pre-registration fee + annual registration fee

Transfer business - 50% annual registration fee

Payment will be required after your application has been processed and the correct health premises classification has been determined.

Please Note: A 'Health Premises Application' form and payment of fees must be submitted to Council prior to the completion of any pre-registration inspections.

A health business must not operate prior to receiving approval (ie. Certificate of Registration) from Council. Operating an unregistered health premises carries a maximum penalty of 60 Individual penalty units or Company 300 penalty units.

It is an offence to operate a prescribed accommodation business without registration in accordance with the *Public Health & Wellbeing Act 2008*.

LODGEMENT

Environmental Health Warrnambool City Council PO Box 198 Warrnambool VIC 3280

Telephone (03) 5559 4800

Email: contact@warrnambool.vic.gov.au

Website: www.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

Signature _____ Date _____

Print name _____

TRANSFER OF PRESCRIBED ACCOMMODATION REGISTRATION

If you have purchased an existing prescribed accommodation business, please complete this section.

Will the business continue to operate as is? _____

Are any structural changes proposed? _____

PRE REGISTRATION INSPECTION

Whilst the existing registration is in effect, consent must be given by the existing proprietors before the disclosure or publication of documents can be given. Information cannot be released without the consent of the current proprietor in accordance with the *Public Health & Wellbeing Act 2008*

Failure to obtain consent will delay the pre-registration inspection to be completed until after settlement has occurred.

CURRENT OWNERS CONSENT & DETAILS

First Name & Surname _____

Company Name: _____

Business Trading Name: _____

Trading Address: _____

Current Registration Number _____

Contact Number _____ E-mail: _____

I/We HEREBY CONSENT to the disclosure to the above application of all information or publication of documents relating to the premises which may be revealed or obtained as a result of the inspection, whether the information was obtained by me or otherwise.

Signature _____ Date _____

Print name _____