

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			

Proposed (New) proprietor details

Proprietor (If there is more than one proprietor of the business, complete details for each below)

Title*	Surname*	Given Name(s) *

ABN	ACN

Business Name	Company Name – cannot be a Trust

Address

PO Box GPO Box Private Bag Locked Bag RRN RSD

Street Address *

Suburb / Town	State	Postcode

Business Phone ()	After hours phone ()	Business Fax ()	Mobile ()
Email			

Payment Details

The fee for transfer of accommodation registration depends upon your type of business. Listed below are the applicable fees. The fees are based upon the classes/classifications given by Yarra Ranges Council.

Fees current for **2024-25 Financial Year. Fees are exempt from GST.**

Visit www.yarraranges.vic.gov.au for more information.

Class D, E, F & G

\$210.00

Please Note: This fee is non-refundable once your application has been lodged.

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 ticking this checkbox I confirm that I have read and understood all the statements above *

If the business a sole trader or a partnership, the proprietor(s) must sign and print name(s). If the business is a company or association, the authorised proprietor(s) on behalf of that body must sign and print their name(s).

Existing Proprietor 1**

Signature

Print name & if company or association, role (eg Director)

Date

Existing Proprietor 2**

Signature

Print name & if company or association, role (eg Director)

Date

**If unable to contact existing proprietor for signature, please call Public Health 1300 368 333 for further advice.

Proposed new proprietor 1

Signature

Print name & if company or association, role (eg Director)

Date

Proposed new proprietor 2

Signature

Print name & if company or association, role (eg Director)

Date

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 www.yarraranges.vic.gov.au

Lodgement

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

Yarra Ranges Council
Public Health Services
PO Box 105
LILYDALE VIC 3140

Telephone: 1300 368 333
Fax: 03 9735 4249
Email: mail@yarraranges.vic.gov.au
Website: www.yarraranges.vic.gov.au

OR deliver to:


Lilydale
15 Anderson St


Upwey
40 Main St


Monbulk
21 Main Rd


Healesville
110 River St


Yarra Junction
2442-2444 Warburton Hwy
(cnr Hoddle St)