

Application for Transfer of Registration Prescribed Accommodation Premises Public Health and Wellbeing Act 2008

Yarra Ranges Council

1300 368 333 www.yarraranges.vic.gov.au

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

Applicant Details

Existing Proprietor

Is this proprietor a contact for this application Yes/No

| Title* Surname* | Given Names* |
|--|--------------------|
| | |
| ABN ACN | |
| | |
| Business Name | Company Name |
| | |
| Address | |
| | ocked Bag RRN RSD |
| Street Address/ Postal Address* | |
| | |
| Suburb / Town* | State* Postcode* |
| Please provide at least one phone number and include the are | |
| Business Phone After hours phone | Business FaxMobile |
| | |
| Email | |
| | |
| | |
| Existing Proprietor 2 (if applicable) | |
| | Given Names |
| | |
| ABN ACN | |
| | |
| Business Name | Company Name |
| | |
| Address | |
| PO Box GPO Box Private Bag Lo | ocked Bag RRN RSD |
| Street Address/ Postal Address | |
| | |
| Suburb / Town | State Postcode |
| | |
| | |

| Business Phone | After hours phone | Business Fax | Mobile |
|--|--|---|--------------------------------------|
| () | () | () | () |
| Email | | | |
| | | | |
| Contact Details (if di | ferent from above) | | |
| Title Surnan | - | Given Name 1* | Given Name 2 |
| | | | |
| Address | | | |
| | PO Box Private Bag | Locked Bag | |
| Street Address/ Postal A | | | |
| | | | |
| Suburb / Town | | State Po | stcode |
| | | | |
| Business Phone | After hours phone | Business Fax | Mobile |
| () | () | () | () |
| Email | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | Proposed (| New) proprietor details | |
| | | New) proprietor details | |
| | more than one proprietor of t | he business, complete details for | r each below) |
| | | | r each below) |
| Title* Surn | more than one proprietor of ti ame* | he business, complete details for Given Name(s) * | r each below) |
| | more than one proprietor of t | he business, complete details for Given Name(s) * | r each below) |
| Title* Surn ABN | more than one proprietor of ti ame* | he business, complete details for Given Name(s) * |] |
| Title* Surn | more than one proprietor of ti ame* | he business, complete details for Given Name(s) * |] |
| Title* Surn ABN Business Name | more than one proprietor of ti ame* | he business, complete details for Given Name(s) * |] |
| Title* Surn ABN Business Name Address | more than one proprietor of the ame* | he business, complete details for Given Name(s) * |] ot be a Trust |
| Title* Surn ABN | more than one proprietor of the ame* | he business, complete details for Given Name(s) * |] |
| Title* Surn ABN | more than one proprietor of the ame* | he business, complete details for Given Name(s) * |] ot be a Trust |
| Title* Surn ABN Business Name Address PO Box GPO Street Address * | more than one proprietor of the ame* | he business, complete details for Given Name(s) * N Company Name – canne Locked Bag |] ot be a Trust RSD |
| Title* Surn ABN | more than one proprietor of the ame* | he business, complete details for Given Name(s) * N Company Name – canne Locked Bag |] ot be a Trust |
| Title* Surn ABN Business Name Business Name PO Box PO Box GPO Street Address * | more than one proprietor of the ame* | he business, complete details for Given Name(s) * N Company Name – canne Locked Bag RRN Pc |] ot be a Trust RSD pstcode |
| Title* Surn ABN ABN Business Name Address PO Box GPO Street Address * Suburb / Town Business Phone | more than one proprietor of the ame* | he business, complete details for Given Name(s) * SN Company Name – canne Locked Bag RRN Business Fax |] ot be a Trust RSD |
| Title* Surn ABN ABN Business Name Address PO Box GPO Street Address * Suburb / Town Business Phone () | more than one proprietor of the ame* | he business, complete details for Given Name(s) * N Company Name – canne Locked Bag RRN Pc |] ot be a Trust RSD pstcode |
| Title* Surn ABN ABN Business Name Address PO Box GPO Street Address * Suburb / Town Business Phone | more than one proprietor of the ame* | he business, complete details for Given Name(s) * SN Company Name – canne Locked Bag RRN Business Fax |] ot be a Trust RSD pstcode |

| Title | Surname | | | Given Name(s) | | |
|----------------------|---------|-----------------|-----------|---------------|------------|--|
| ABN Business Name | | | ACN | Company Name | | |
| Address | | | | | | |
| PO Box | GPO Box | Privat. | e Bag 📃 L | ocked Bag RRN | RSD | |
| Suburb / Town | | | | State | Postcode | |
| Business Phone |) | After hours pho | ne | Business Fax | Mobile () | |

| Premises details | | |
|---|---|--|
| Trading Name Trading Name of premises* | Proposed Trading Name* (N/A if same as current) | |
| Address Street Address / Postal Address * | | |
| Suburb / Town * | State * Postcode * | |
| Primary Language Spoken at Premises* (to assist with co | mmunication in the future) | |
| | | |

Prescribed accommodation details

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

Please nominate a type of accommodation selecting from: (Bed & Breakfast, Holiday Camp, Lodge or Retreat , Hotel or Motel, Rooming House, Hostel, Student Accommodation)

Maximum number of guests accommodated* No of rooms

If you provide accommodation for four or less people, you do not need to proceed with this application

| 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 <u>www.yarraranges.vic.gov.au</u> for more information. | | | | |
| Class D, E, F & G | \$210.00 | | | |
| Please Note: This fee is non-refundable once your application has been lodged. | | | | |
| Declar | ation | | | |
| I understand and acknowledge that: - The information provided in this application is true and complete - This application forms a legal document and penalties exist for p - I am over 18 years at the time of completing this application By ticking this checkbox I confirm that I have read and understo | roviding false or misleading information | | | |
| By texing this checkbox recommendation and thereis | | | | |
| If the business a sole trader or a partnership, the proprietor(s) must sig authorised proprietor(s) on behalf of that body must sign and print their | | | | |
| Existing Proprietor 1** | Existing Proprietor 2** | | | |
| Signature | Signature | | | |
| | | | | |
| Print name & if company or association, role (eg Director) | Print name & if company or association, role (eg Director) | | | |
| Date | Date | | | |
| **If unable to contact existing proprietor for signature, please call Public Health 1300 368 333 for further advice. | | | | |
| Proposed new proprietor 1 Signature | Proposed new proprietor 2 Signature | | | |
| Print name & if company or association, role (eg Director) | Print name & if company or association, role (eg Director) | | | |
| Date | Date | | | |
| Privacy Statement | | | | |
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| The information gathered in the form is used by Council to process Council's offices or go to www.yarraranges.vic.gov.au | s the application. To view Council's privacy policy, please either visit | | | |

