

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
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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				
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			

