

# Prescribed Accommodation

## Application for Registration

Section 71 Public Health and Wellbeing Act 2008 & Regulation 16 Public Health and Wellbeing Regulations 2009

I/we the undersigned hereby apply to register/renew the registration of the premises hereunder described;

APPLICANT / PROPRIETOR DETAILS		
<b>Applicant / Proprietors Name</b>		
<b>Company / Business Name</b>		
	ABN:	ACN:
<b>Postal Address (used for all correspondence)</b>		
<b>Applicant / Proprietor contact details:</b>	Phone:	Mobile:
	Email:	

BUSINESS DETAILS		
<b>Trading Name</b>		
<b>Address</b>		
<b>Contact person at premises: (if not proprietor)</b>	Phone:	Mobile:
	Email:	
<b>Type of accommodation:</b> (Please tick one of the following – Note: Final classification to be determined by Council)	<input type="checkbox"/> Residential Accommodation <input type="checkbox"/> Hostel <input type="checkbox"/> Holiday Camp	<input type="checkbox"/> Hotel or Motel <input type="checkbox"/> Student Dormitory <input type="checkbox"/> Rooming House*
<b>Number of rooms available:</b>		
<b>Maximum number of guest accommodated</b>		

*Rooming House Registration only*		
<b>Proprietor date of birth:</b>		
<b>Consumer Affairs Rooming House Registration Number</b>		
<b>Contact person at premises: (If not proprietor)</b>		
<b>Contact person details:</b>	Phone:	Mobile:
	Email:	
<p>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.</p> <p><input type="checkbox"/> By ticking this checkbox I confirm that I have read and understood all of the statements above.</p>		

I/We the Applicant wish to apply to register for the year ending **31 December every year** under the provisions of the Public health and Wellbeing Act 2008 declare that all information given is true and correct.

<b>Signature of proprietor:</b>	<b>Signature of proprietor:</b>
<b>Print name:</b>	<b>Print name:</b>
<b>Date:</b>	<b>Date:</b>

<b>New Registration checklist</b>	<b>Other Council department considerations</b>
<input type="checkbox"/> Floor plan of the premises attached	<input type="checkbox"/> Regulatory Services – Footpath trading permit (chairs, signage and goods for sale)
<input type="checkbox"/> Proprietor has signed completed form	<input type="checkbox"/> Planning – Permits (Use of building, signage on building)
<input type="checkbox"/> Contact Public Health Dept for confirmation of fees	<input type="checkbox"/> Building – Permits (significant building works)

<b>OFFICE USE ONLY</b> – New registration #122		<b>SYSAID #:</b>
Fee payable: \$		<b>Regn Number:</b>
Receipt No.:	Date paid:	
Conditions of registration:		