



Application for Registration or Change of Ownership Prescribed Accommodation Premises

Public Health and Wellbeing Act 2008

Borough of Queenscliffe

(03) 5258 1377 www.queenscliffe.vic.gov.au

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

NEW APPLICATON **CHANGE IN OWNERSHIP**

Proprietor details

Title *	Surname *	Given name(s) *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
ABN	ACN		
<input type="text"/>	<input type="text"/>		
Street address / Postal address *			
<input type="text"/>			
Suburb / Town *	State *	Postcode *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please provide at least one phone number and include the area code *			
Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

Premises Details

Trading name of premises *			
<input type="text"/>			
Premises address			
Street address *			
<input type="text"/>			
Suburb / Town *	State *	Postcode *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact person at premises (if not the proprietor)			
Title	Surname	Given name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please provide at least one phone number and include the area code			
Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email			
<input type="text"/>			

Prescribed Accommodation Details

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

Please choose a type of accommodation *

- | | | |
|--|--|--|
| <input type="checkbox"/> Residential accommodation | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Hostel |
| <input type="checkbox"/> Student dormitory | <input type="checkbox"/> Holiday Camps | <input type="checkbox"/> Rooming House |

Maximum Number of Guests Accommodated *: Number of Bedrooms *:

Total area (squares) of accommodation:

Payment details

Prescribed Accommodation \$372.00

Change in ownership inspection \$195.00

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

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name.

Name of person completing this application *

Signature of person completing this application *

Date *