

Wyndham City Council PO Box 197 WERRIBEE VIC 3030 Ph: 03 9742 0777 Wyndham City Council Website

## Application to Register a Prescribed Accommodation

<u>Council Use Only</u>		
Lodgement Date:		
Receipt Number:		
Lodgement Officer:		

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NΟ

NO

YES

YES

YES

Premises

Public Health & Wellbeing Act 2008

HLHA\_\_\_\_\_

COUNCIL SPECIFIC INFORMATION

Please use this form to notify Wyndham City Council of your intent to register a Prescribed Accommodation business. Please note the registration is not official until Wyndham City Council has approved the application.

BUILDING AND PLANNING REQUIREMENTS

Have you contacted Council's building department about this application:

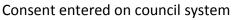
Have you contacted Council's planning department about this application:

# IMPORTANT: YOU MUST OBTAIN WRITTEN CONSENT FROM OUR TOWN PLANNING DEPARTMENT BEFORE COMPLETING THIS FORM

Have you obtained written consent from Council's planning department?

Type of consent provided by Town Planning

Letter (please attach a copy)



Applicant Signature:		
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To contact Building/Planning department please contact Wyndham City on 03 9742 0777

### APPLICANT DETAILS

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

Title* Mr Mrs Ms Other (please specify)				
Surname* Given Na	me(s)*			
Company Name (if applicable) Company name should end with Pty Ltd eg: Hair & Makeup Pty Ltd ABN* ACN (if ap	nlicable)			
Street Address/Postal Address* Suburb	/Town* State* Postcode*			
Please provide at least on phone number and include area code*         Business Phone       After Hours Phone         Business Phone       Email address	Fax Mobile			
Are you the proprietor/business owner? YES NO				
PROPRIETOR/BUSINESS OWNER	DETAILS			
Fields marked with an asterisk (*) are mandatory and must be completed         Title*       Mr         Mr       Mrs         Other (please specify)				
Surname* Given Nan	ne(s)*			
*If the proprietor/business owner is a company or association, specify name of person completing	g the application and authority (eg. Director of Company)			
Authority eg: Director of company				
Company Name (if applicable) Company name should end with Pty Ltd eg: Hair & Makeup Pty Ltd				
ABN* ACN (if ap	plicable)			
Street Address/Postal Address *Suburb/T	own* State* Postcode*			
Please provide at least on phone number and include area code*         Business Phone       After Hours Phone         Business Phone       Business	Fax Mobile			
Email address				
Email address Primary Language spoken at the premises* (to assist with communication)				

SECONDARY C	ONTACT DETAILS		
Please provide council with a secondary contact person who	council can contact if business	owner cannot be	contacted
Fields marked with an asterisk (*) are mandatory and must b	e completed		
Title*			
Surname*	Given Name(s)*		
Street Address/Postal Address*	Suburb/Town*	State*	Postcode*
Please provide at least on phone number and include area code*			
Business Phone After Hours Phone	Business Fax	Mobile	
			]
Email address			
PREMIS	ES DETAILS		
Business Trading Name			
PREMISES ADDRESS			
Street Address/Postal Address*	Suburb/Town*	State*	Postcode*
Please provide at least on phone number and include area code*			
Business Phone After Hours Phone	Business Fax	Mobile	
		L	]
Email address			
PRESCRIBED ACCON	IMODATION DETAILS		
Please select the type of Accommodation*			
Hotel/Motel			
<ul> <li>Holiday Camp</li> <li>Hostel</li> </ul>			
Student Dormitory			
<ul><li>Rooming House</li><li>Other (Please specify)</li></ul>			
Maximum number of guest accommodated*			
Maximum Number of Rooms*			

Will your premises provide food to guests and/or the public? \* Yes No (If yes, please contact Wyndham City Council for information regarding registering a Food Premises)

Initial Fee: \$175.00 plus an extra \$31.00 per room

#### How to pay:

By cash, cheque or credit card – if you know the fee to be paid, include payment when delivering the form by post, fax or in person.

Please note: Once your premises is operating, you will be required to renew your registration on a yearly basis.

#### ACKNOWLEDGEMENT

#### I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application is a legal document and penalties exist for providing false or misleading information

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.

Applicant Signature	Applicant Signature	
Print Applicant Name	Print Applicant Name	
Date	Date	

#### LODGEMENT

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

Wyndham City Council PO Box 197 WERRIBEE VIC 3030 Ph: 03 9742 0777 Email:<u>mail@wyndham.vic.gov.au</u> Website:<u>Wyndham City Council Website</u>

#### PRIVACY

The information gathered in the form is used by Council to process the application. You may view Council's privacy policy at the Council offices or go to Council Privacy statement located at: <u>Business Victoria Website</u>