



Wyndham City Council  
PO Box 197  
WERRIBEE VIC 3030  
Ph: 03 9742 0777  
[Wyndham City Council Website](http://www.wyndhamcity.vic.gov.au)

# Application to Transfer a Prescribed Accommodation Premises

Public Health & Wellbeing Act 2008

Council Use Only	
Lodgement Date:	<input type="text"/>
Receipt Number:	<input type="text"/>
Lodgement Officer:	<input type="text"/>

HLHA \_\_\_\_\_

**PROCESSING TIME: 5 WORKING DAYS**

## COUNCIL SPECIFIC INFORMATION

Please use this form to notify Wyndham City Council of your intent to transfer a Health Premises. Please note the registration is not official until Wyndham City Council has approved the application.

## PRIOR TO FILLING OUT THIS FORM

An Authority to Disclose Information & Documents form must be submitted prior to completing the Application to Transfer a Health Premises form. For more information, contact the Environmental Health Unit on 03 9742 0738 or [Click Here](#) to obtain a copy of the Authority to Disclose Information & Documents form from Wyndham's Website.

## CURRENT BUSINESS OWNER/PROPRIETOR DETAILS

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

Title\*  Mr  Mrs  Ms  Other (please specify)

Surname\*  Given Name(s)\*

Company Name (if applicable)   
*Company name should end with Pty Ltd  
eg: Hair & Makeup Pty Ltd*

ABN\*

ACN (if applicable)

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

## NEW BUSINESS OWNER/PROPRIETOR DETAILS

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

Title\*     Mr    Mrs    Ms    Other (please specify)

Surname\*     Given Name(s)\*

*\*If the proprietor/business owner is a company or association, specify name of person completing 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 applicable)

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

Primary Language spoken at the premises\* *(to assist with communication in the future)*

## SECONDARY CONTACT 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 be completed*

Title\*     Mr    Mrs    Ms    Other (please specify)

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

PREMISES 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

Email address

Proposed Settlement date:

PRESCRIBED ACCOMMODATION DETAILS

**Please select the type of Accommodation\***

- Hotel/Motel
- Holiday Camp
- Hostel
- Student Dormitory
- Rooming House
- Other (Please specify)

**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)*

## FEEs

### Transfer Fee:

Fee:

Date Paid:

Receipt No:

### 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. If you do not know the fee to be paid, Council will contact you after receiving the application and advise you of the fee and how to pay it.

**Please note:** 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

Current Proprietor Signature

New Proprietor Signature

Name of current Proprietor

Name of new Proprietor

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

Fax: 03 9742 6355

Email: [mail@wyndham.vic.gov.au](mailto:mail@wyndham.vic.gov.au)

Website: [Wyndham City Council Website](http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy_policy)

## PRIVACY

Your personal information is being collected by Wyndham City Council under the laws administered by Local Government. Your information will be stored in Council's Customer Database and used to deliver Council services to you in accordance with Council's Privacy Policy. For further information on how your personal information is handled, visit Council's Privacy Policy at [http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy\\_policy](http://www.wyndham.vic.gov.au/aboutwyndham/wyndhamcity/customerservice/information/privacy_policy)