

Application to transfer Registration of

Prescribed Accommodation

Public Health & Wellbeing Act 2008 (Vic)

|  |  |  |
| --- | --- | --- |
| Phone: TTY: Fax:  | 9217 2277133 677 - ask for 9217 21709409 9863 | Email: publichealth@whittlesea.vic.gov.auMail: Locked bag 1 Bundoora MDC 3083Council offices: 25 Ferres Boulevard, South Morang |
| * Please use this form to apply to the City of Whittlesea Council to transfer registration of a prescribed accommodation premises.
* Please note that registration is not official until Council has approved this application.
* Where tick boxes (🗆) appear please tick where applicable.
 |
| Office use only | Issued: | Rec’d: | EHO: | Reg no: |
|  |  |  |  |  |
| **Premises identification** |
|  | Premises street address |  |  |  |
|  |  |  |
|  | Premises postal address |  |  |  |
|  |  |  |
|  | Contact numbers |  |  |  |
|  | *Business* |  | *Mobile* |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  **Current proprietor/owner (seller) details**  |
|  | Contact name |  |  |  |
|  | Title |  | First name |  | Surname |  |  |
|  |  |  |  |  |  |  |  |
|  | Legal entity name |  |  |  |
|  |  |  |
|  | ABN |  | ACN |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Trading name if applicable |  |  |
|  |  |  |
|  | Company street address |  |  |  |
|  |  |  |
|  | Company postal address |  |  |  |
|  |  |  |
|  | Contact numbers |  |  |  |
|  | *Business* |  | *Mobile* |  |
|  | Email |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| **New owner/proprietor (buyer) - company details (if applicable)** |
|  | Title |  | First name |  | Surname |  |
|  |  |  |  |  |  |  |
|  | Legal entity name |  |  |  |
|  |  |  |
|  | ABN |  |  | Date of birth |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | D | D | M | M | Y | Y |  |  |  |
|  | Trading name if applicable |  |  |  |
|  |  |  |
|  | Residential address |  |  |  |
|  |  |  |
|  | Postal address |  |  |  |
|  |  |  |
|  | Contact numbers |  |  |  |
|  | *Business* |  | *Mobile* |  |
|  | Email |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **New proprietor individual details** |  |
|  | Title |  | First name |  | Surname |  |
|  |  |  |  |  |  |  |
|  | Legal entity name |  |  |  |
|  |  |  |
|  | ABN |  | Date of birth |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  | D | D | M | M | Y | Y |  |  |  |
|  | Residential address |  |  |  |
|  |  |  |
|  | Postal address |  |  |  |
|  |  |  |
|  | Contact numbers |  |  |  |
|  | *Business* |  | *Mobile* |  |
|  | Email |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
| **New proprietor 2 individual details (if applicable)** |
|  | Title |  | First name |  | Surname |  |
|  |  |  |  |  |  |  |
|  | Legal entity name |  |  |
|  |  |  |
|  | ABN |  | Date of birth |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | D | D | M | M | Y | Y |  |  |  |
|  | Residential address |  |  |  |
|  |  |  |
|  | Postal address |  |  |  |
|  |  |  |
|  | Contact numbers |  |  |  |
|  | *Business* |  | *Mobile* |  |
|  | Email |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Main contact or agent for this premises**  |
|  | Title |  | First name |  | Surname |  |
|  |  |  |  |  |  |  |
|  | ABN |  | ACN |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Company name |  |  |  |
|  |  |  |
|  | Contact street address |  |  |  |
|  |  |  |
|  | Contact postal address |  |  |  |
|  |  |  |
|  | Contact numbers |  |  |  |
|  | *Business* |  | *Mobile* |  |
|  | Email |  |  |  |
|  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |
|  |
|  |
| **Property owner details** |
|  | Title |  | First name |  | Surname |  |
|  |  |  |  |  |  |  |
|  | Date of birth |  |  |  |
|  | D | D | M | M | Y | Y |  |  |  |
|  | Legal entity name |  |  |  |
|  |  |  |
|  | ABN |  | ACN |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Trading name if applicable |  |  |
|  |  |  |
|  | Residential address |  |  |
|  |  |  |
|  | Postal address |  |  |
|  |  |  |
|  | Contact numbers |  |  |
|  | *Business* |  | *Mobile* |  |
|  | Email |  |  |
|  |  |  |
|  |  |  |  |
|  |  |  |  |  |
| **Premises details** |
|  | Type of accommodation |  |  |  |
|  | 🗆 Rooming house | 🗆 Holiday camp | 🗆 Student dormitory |  |
|  | 🗆 Hostel | 🗆 Hotel or motel | 🗆 Residential accommodation |  |
|  | 🗆 Other (specify) |  |  |  |
|  | Total number of: |  |  |  |
|  |  | Units |  | Residents |  | Queen/double |  |
|  |  |  |  |  |  |  |  |
|  |  | Bedrooms |  | Max. resident capacity |  | Single |  |
|  |  |  |  |  |  |  |  |
|  |  | Full time staff |  | Part time staff |  |  |  |
|  |  | YES | NO |  |
|  | Does the premises accommodate more than 4 residents? | 🗆 | 🗆 |  |
|  | Is there a swimming pool at the premises? | 🗆 | 🗆 |  |
|  | Is tobacco sold? | 🗆 | 🗆 |  |
|  |  |  |  |  |
|  |  | YES | NO |  |  |
|  | If yes, is it only from a vending machine? | 🗆 | 🗆 |  |  |
|  | Is a dining area provided? | 🗆 | 🗆 |  |  |
|  | Is food provided to residents? | 🗆 | 🗆 |  |  |
|  | Is food provided to residents and the public? | 🗆 | 🗆 |  |  |
|  |  | If yes, what type of food? ie. breakfast |  |  |
|  | Does the premises sell liquor? | 🗆 | 🗆 |  |  |
|  | If yes, please provide liquor license no: |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Current proprietor/owner (seller) declaration** |
| **I/We understand and acknowledge that:**The information provided in this application as the proprietor 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. 🗆 By ticking this checkbox I confirm that I have read and understood all the statements above. |
|  |  |  |  |  |
| **Current proprietor/s (seller) signature** |
|  | Signature of proprietor 1 |  | Date |  |
|  |  |  | D | D | M | M | Y | Y |  |
|  | Print name |  |  |  |
|  |  |  |  |  |
|  | Signature of proprietor 2 |  | Date |  |
|  |  |  | D | D | M | M | Y | Y |  |
|  | Print name |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **New proprietor/s (buyer) declaration** |
| **I/We understand and acknowledge that:**The information provided in this application as the proprietor 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. 🗆 By ticking this checkbox I confirm that I have read and understood all the statements above. |
|  |
| **New proprietor/s (buyer) signature** |
|  | Signature of proprietor 1 |  | Date |  |
|  |  |  | D | D | M | M | Y | Y |  |
|  | Print name |  |  |  |
|  |  |  |  |  |
|  | Signature of proprietor 2 |  | Date |  |
|  |  |  | D | D | M | M | Y | Y |  |
|  | Print name |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Rooming House Operator’s License Declaration** |
| I understand and acknowledge that a Rooming House Operator’s Licence has been applied for with Business Licensing Authority Victoria.🗆 By ticking this checkbox I confirm that I have read and understood the statement above🗆 By ticking this checkbox I confirm a copy of the License is attached to this application |
| **Fees** |
| Please contact Council's Health Services for the registration fee or refer to <http://www.whittlesea.vic.gov.au> An invoice will be issued to the applicant lodging this form with the payment options available. Please note: This application will not be processed until the registration fee has been received. |
| http://wired2/resources/branding/Documents/Language%20bar%20-%20Horizontal%20Black%20(JPG).jpg |
|  |  |  |  |  |
| **Privacy statement** |
| Council is collecting the information on this form for the purpose of administration and enforcement of the Public Health and Wellbeing Act 2008. To view Council's privacy policy, please either visit Council's offices or go to www.whittlesea.vic.gov.auRooming House business owners, please note: it is a requirement under the Residential Tenancies Act 1997 for councils to enter information about the rooming houses they register into the State-wide register of rooming houses. Some of this information, specifically the rooming house address, the name(s) of the owner of the rooming house business, the business owner(s) ABN/ACN and the council which registers the rooming house, will be available to the public. Should you wish to have your personal details suppressed from the public view of the register you can apply in writing to the Director of Consumer Affairs Victoria. |