

Application to transfer Registration of Prescribed Accommodation



Public Health & Wellbeing Act 2008 (Vic)

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Fax: 9409 9863

Email: publichealth@whittlesea.vic.gov.au
Mail: Locked bag 1 Bundoora MDC 3083
Council 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:
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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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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ACN

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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
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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
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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
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Legal entity name

ABN

ACN

Trading name if applicable

Residential address

Postal address

Contact numbers

Business

Mobile

Email

Premises details

Type of accommodation

- | | | |
|---|---|--|
| <input type="checkbox"/> Rooming house | <input type="checkbox"/> Holiday camp | <input type="checkbox"/> Student dormitory |
| <input type="checkbox"/> Hostel | <input type="checkbox"/> Hotel or motel | <input type="checkbox"/> Residential accommodation |
| <input type="checkbox"/> Other (specify) <input style="width: 60%; height: 25px;" type="text"/> | | |

Total number of:

<input style="width: 50px; height: 25px;" type="text"/> Units	<input style="width: 50px; height: 25px;" type="text"/> Residents	<input style="width: 50px; height: 25px;" type="text"/> Queen/double
<input style="width: 50px; height: 25px;" type="text"/> Bedrooms	<input style="width: 50px; height: 25px;" type="text"/> Max. resident capacity	<input style="width: 50px; height: 25px;" type="text"/> Single
<input style="width: 50px; height: 25px;" type="text"/> Full time staff	<input style="width: 50px; height: 25px;" type="text"/> Part time staff	

Does the premises accommodate more than 4 residents?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Is there a swimming pool at the premises?

Is tobacco sold?

	YES	NO
If yes, is it only from a vending machine?	<input type="checkbox"/>	<input type="checkbox"/>
Is a dining area provided?	<input type="checkbox"/>	<input type="checkbox"/>
Is food provided to residents?	<input type="checkbox"/>	<input type="checkbox"/>
Is food provided to residents and the public?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what type of food? ie. breakfast	<input type="text"/>	
Does the premises sell liquor?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide liquor license no:	<input type="text"/>	

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.



Free Telephone Interpreter Service

عربي

9679 9871

Hrvatski

9679 9872

Italiano

9679 9874

Türkçe

9679 9877

Македонски

9679 9875

Việt-ngữ

9679 9878

廣東話

9679 9857

Ελληνικά

9679 9873

普通话

9679 9876

Other

9679 9879

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.au

Rooming 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.