

Application for Registration Prescribed Accommodation Premises Public Health and Wellbeing Act 2008

Counci	l Use Only
Application Number :-	
Application Date:-	
Ledger Number:-	

Central Goldfields Shire Council Tel: 03 5461 0610 www.centralgoldfields.vic.gov.au

ABN ACN Business Name Address PO Box GPO Box Private Bag Street Address/ Postal Address* Suburb / Town* Please provide at least one phone number and include the area of Business Phone After hours phone () () Email Proprietor 2 (if applicable)	Company Name Locked Bag State *	RMB Postcode *	iven Name 2 RSD Mobile)
ABN ACN Business Name Address PO Box GPO Box Private Bag Street Address/ Postal Address* Suburb / Town* Please provide at least one phone number and include the area of Business Phone After hours phone () () Email Proprietor 2 (if applicable)	Company Name Locked Bag State * code * Business Fax	RMB Postcode *	RSD
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ABN ACN			
Business Name	Company Name		
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PO Box GPO Box Private Bag	Locked Bag	RMB	RSD
Street Address/ Postal Address			
Suburb / Town	State		

	Business Fax	Mobile
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Email	<u> </u>	-
Proprietor 3 (if applicable)		
Title Surname	Given Name 1	Given Name 2
ABN ACN		
Business Name	Company Name	
Address		
PO Box GPO Box Private Bag	Locked Bag RMB	RSD
Street Address/ Postal Address		
Suburb / Town	State Postcode)
Please provide at least one phone number and include the	area code	
		Mobile
, ,	Business Fax	Mobile
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Email		
Contact Details (if different from above)		
Title Surname	Given Name 1*	Given Name 2
Address		
	Locked Bag RMB	RSD
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PO Box GPO Box Private Bag Street Address Suburb / Town Business Phone () Email Business Phone After hours phone () After hours phone	State Postcode Business Fax () Business Fax	Mobile ()

Suburb / Town *	State *		Postcode *						
Primary Language Spoken at Premises * (to assist with communication in the future)									
	Prescribed accommodation details								
Will the premises provide food to guests (e.g. bed and breakfast)	and/or the public? *	If y Pr	yes, please complete the remises Details	Food Related					
Please detail the type of accommodation hostel, residential accommodation, room or other (please specify)									
Maximum number of guest accommodate	Maximum number of guest accommodated *								
L									
If you provide accommodation for three or less people and will not be serving food to guest and/or public, you do not need to proceed with this application									
	Supporting	Documents							
Payment Details									
Declaration									
I understand and acknowledge that: - The information provided in this applicati - This application forms a legal document - I am over 18 years at the time of comple	and penalties exist for p ting this application	roviding false or misleadi	dge ng information						
By marking this checkbox I confirm the statements above *	at I have read and under	stood all the							
Name of person completing this applic	ation *		Pate *						
Signature of person completing this ap	pplication *								
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Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: www.centralgoldfields.vic.gov.au

Lodgement

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

Central Goldfields Shire Council
PO Box 194
Fax: 03 5461 0610
Maryborough Vic 3465
Email: mail@cgoldshire.vic.gov.au

Website: www.centralgoldfields.vic.gov.au