GLENELG SHIRE

# Application to Transfer a Prescribed Accommodation Premises

Public Health and Wellbeing Act 2008

## ALL SECTIONS MUST BE COMPLETED

# **Current Proprietor Details**

<b>Applicant Name:</b> If the proprietor is a company or associa	tion, specify name of person completing the application
Authority (eg Director):	
Business Name	
Company Name	
Postal Address	
Business Phone	Mobile
E-mail	
Propose	d New Proprietor Details
Contact Name:	tion, specify name of person completing the application
Authority (eg Director):	
Business Name	
Company Name	
Postal Address	
Business Phone	Mobile
E-mail	
ı	Premises Details
Trading name of premises:	
Street Address:	
Suburb/Town:	Postcode:
Contact Person at Premises:	
Business Phone	Mobile
E-mail	

#### **Prescribed Accommodation Details**

	ne premises provide food to gu breakfast, coffee, cake, lunch					
Pleas	se choose a type of accommod	dation				
	Residential accommodation		Hotel/Motel		Hostel	
	Student dormitory		Holiday Camps		Rooming House	
Maximum Number of Guests Accommodated :						
Number of Bedrooms :						
Total area (squares) of accommodation						
Declaration						

I understand and acknowledge that:

The information provided in this application 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.

Council's EHO is to be notified prior to any changes being made guest numbers or provide food to guests,

It is the owner/proprietor responsibility to notify Council's Environmental Health Unit of any changes.

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.

Payment of the relevant fee is required prior to the premises being registered and used for the purpose of prescribed accommodation.

### **Current Proprietor**

Signature	Signature	Signature				
Print Name	Print Name					
Date	Date					
	Proposed Proprietor					
Signature	Signature					
Print Name	Print Name					
 Date	 Date					

#### **Privacy Statement**

The Glenelg Shire Council is committed to protecting individual's right to privacy and the responsible and fair handling of personal and health information, consistent with the Privacy and Data Protection Act 2014 and the Health Records Act 2001. Accordingly, Council will adhere to the Information Privacy and Health Privacy Principles when undertaking its statutory functions and activities, so that the privacy of individuals can be protected. The Council's Privacy Policy is available from our website www.glenelg.vic.gov.au/privacy and all Council Customer Service Centres. For further information or how you can access and/or amend your personal information Council's Privacy via please contact Officers our website https://www.glenelg.vic.gov.au/Page/Page.aspx?Page Id=5133

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