

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

Benalla Rural City Council Tel: 03 5760 2600 www.benalla.vic.gov.au

Council Use Only		
Receipt Number		
Date Paid		
Amount		

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

### **Council Specific Information**

Please use this form to apply to Benalla Rural City Council to transfer the registration of a prescribed accommodation premises from the current to new proprietor under the Public Health and Wellbeing Act 2008.

Applicant Details
Existing Proprietor
s this proprietor a contact for this application? $\Box$ Yes $\Box$ No
Title*     Surname*     Given Names*
ABN ACN   Business Name     Company Name
Address       Private       Description       Private       Description       RSD         PO Box       GPO Box       Private       Bag       Locked Bag       RRN       RSD         Street Address/ Postal Address*
Suburb / Town* State* Postcode*
Please provide at least one phone number and include the area code $^{\star}$
Business PhoneAfter hours phoneBusiness FaxMobile( )( )( )( )
Email

Title  Surname  Given and the second seco	en Names	
Address PO Box GPO Box Private Bag Street Address/ Postal Address	Locked Bag	RMB RSD
Suburb / Town	State	Postcode
Please provide at least one phone number and inclusion Business Phone After hours phone          ()       ()         ()       ()         Email       ()         Contact Details (if different from above)	ude the area code Business Fax ( )	Mobile ( )
	ven Name 1*	Given Name 2
Address PO Box GPO Box Private Bag Street Address/ Postal Address	Locked Bag	RMB RSD
Suburb / Town	State	Postcode
Business Phone     After hours phone       ( )     ( )       Email	Business Fax ()	Mobile ( )

# Proposed (New) Proprietor Details

ABN       ACN         Business Name       Company Name         PO       GPO Box       Private       Locked       RRN       RSD         Street Address *       State       Postcode       Postcode       Postcode       Postcode         Business Phone       After hours phone       Business Fax       Mobile       Mobile       ( )         Email		Surname*	Given Name(s) *
Address   PO   Business Name   PO   Box   GPO Box   PO   Bag   Bag   RRN   RSD     Street Address *     Suburb / Town     State   Postcode     Business Phone   After hours phone   Business Phone   After hours phone   Business Fax   Mobile   ()     ()     Business Phone     After hours phone   Business Fax   Mobile   ()     Company Name     Address   PO Box   GPO Box   PO Box   GPO Box   Po Box   GPO Box   Bag   State   Po Box   GPO Box   Bag   Business Phone   After hours phone   Business Phone   After hours phone   Business Fax   Mobile     Company Name			
Address   Business Name   PO   Box   GPO Box   PO   Bag   Bag   RRN   RSD     Street Address *     Suburb / Town     State   Postcode     Business Phone   After hours phone   Business Phone   After hours phone   Business Phone   After hours phone   Business Fax   Mobile   ()     Company Name     Business Name   Company Name     Address   PO Box   GPO Box   Private   Bag   RRN   RRN   RSD     Street Address     Suburb / Town     State   Po Box   GPO Box   Po Box   GPO Box   Private   Bag   RRN   RRN   RSD     State   Po Box   GPO Box   Po Box   GPO Box   Po Bag   Bag   RRN   RRN   RSD   State   Potocode   Business Phone   After hours phone   Business Fax   Mobile   ()	ABN		
Address   PO   Box   GPO Box   Bag   Locked   Bag   RRN   RSD     State   Postcode     Business Phone   After hours phone   Business Fax   Mobile   ( )   ( )     Business Phone     After hours phone   Business Fax   Mobile   ( )     Froprietor 2 (if applicable)     Title   Surname   Given Name(s)     ABN   ACN     Business Name   Company Name     Address   PO Box   GPO Box   Bag   Po Box   GPO Box   Bag   Po Box   GPO Box   Bag   Business Name     Company Name     State   Po Box   GPO Box   Bag   Locked   Bag   RRN   RSD      State   Postcode     Business Phone   After hours phone   Business Fax   Mobile     ( )			
Address   PO   Box   GPO Box   Private   Bag   Street Address *     Suburb / Town     State   Postcode     Business Phone   After hours phone   Business Fax   Mobile   ( )   ( )     Business Phone   After hours phone   Business Fax   Mobile   ( )     Froprietor 2 (if applicable)     Title   Surname   Given Name(s)     ABN   ACN     Business Name   Company Name     Address   PO Box   GPO Box   Bag   Locked   Bag   RRN   RSD     State   Postcode     Business Phone     Address   Business Phone   After hours phone   Business Fax   Mobile   ( )	Business N		
PO Box GPO Box Private Locked RRN RSD   Street Address *   Suburb / Town State Postcode     Business Phone After hours phone Business Fax Mobile     ( ) ( ) ( )      Proprietor 2 (if applicable)   Title Sumame Given Name(s)   Postcode   ABN ACN   Business Name   Company Name   Street Address   PO Box GPO Box   Private   Bag RRN   RSD   Street Address   Suburb / Town State   Postcode   ( ) ( )   Address   PO Box GPO Box   Po Box GPO Box   Bag Locked   Bag RRN   RSD   State Postcode State State Postcode State Postcode State Postcode State Postcode State State Postcode State State Postcode State State State Postcode State Sta	Dusiness IV	ame	
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Suburb / Town       State       Postcode         Business Phone       After hours phone       Business Fax       Mobile         ( )       ( )       ( )       ( )         Email       ( )       ( )       ( )         Proprietor 2 (if applicable)       Given Name(s)       ( )       ( )         Title       Surname       Given Name(s)       ( )         ABN       ACN       ( )       ( )         Business Name       Company Name       ( )       ( )         Address       GPO Box       Private       Locked       RRN       RSD         Street Address       State       Postcode       ( )       ( )       ( )         Business Phone       After hours phone       Business Fax       Mobile       ( )		Вад	Bag
Business Phone       After hours phone       Business Fax       Mobile         ( )       ( )       ( )       ( )         Email       ( )       ( )       ( )         Proprietor 2 (if applicable)       Given Name(s)       ( )         Title       Surname       Given Name(s)         ABN       ACN         Business Name       Company Name         Company Name       Company Name         Street Address       PO Box       Private         Business Phone       After hours phone       Business Fax       Mobile         Business Phone       After hours phone       Business Fax       Mobile	Street Addre	SS *	
Business Phone       After hours phone       Business Fax       Mobile         ( )       ( )       ( )       ( )         Email       ( )       ( )       ( )         Proprietor 2 (if applicable)       Given Name(s)       ( )         Title       Surname       Given Name(s)         ABN       ACN         Business Name       Company Name         Company Name       Company Name         Street Address       PO Box       Private         Business Phone       After hours phone       Business Fax       Mobile         Business Phone       After hours phone       Business Fax       Mobile			
( )       ( )       ( )         Email       ( )       ( )         Proprietor 2 (if applicable)       ( )       ( )         Title       Surname       Given Name(s)         ABN       ACN         ABN       ACN         Business Name       Company Name         PO Box       GPO Box       Private         Bag       Locked       RRN       RSD         Street Address       State       Postcode         Business Phone       After hours phone       Business Fax       Mobile         ( )       ( )       ( )       ( )       ( )	Suburb / To	wn	State Postcode
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Proprietor 2 (if applicable)     Title   Surname   ABN   ABN   ABN   ACN     Business Name   Company Name     PO Box   GPO Box   Private   Bag   RRN   RSD     State   Postcode   State   Postcode     Business Phone     After hours phone     Business Fax     Mobile	Business Pl	one After hours phon	e Business Fax Mobile
Proprietor 2 (if applicable)     Title   Surname   ABN   ABN   ABN   ACN     Business Name   Company Name     PO Box   GPO Box   Private   Bag   RRN   RSD     State   Postcode   State   Postcode     Business Phone     After hours phone     Business Fax     Mobile	( )	( )	
Proprietor 2 (if applicable)     Title   Surname   ABN   ABN   ABN   ACN     Business Name   Company Name     PO Box   GPO Box   Private   Bag   RRN   RSD     State   Postcode   State   Postcode     Business Phone     After hours phone     Business Fax     Mobile	Email		
Title Surname     ABN        ABN        ABN        ABN     ACN     ACN     ACN     Business Name     Company Name        Company Name     Company Name        Address     PO Box   GPO Box   Bag   Private   Bag   Bag   RRN    RSD        State   Postcode   Business Phone   After hours phone   Business Fax   Mobile			
Title Surname     ABN        ABN        ABN        ABN     ACN     ACN     ACN     Business Name     Company Name        Company Name     Company Name        Address     PO Box   GPO Box   Bag   Private   Bag   Bag   RRN    RSD        State   Postcode   Business Phone   After hours phone   Business Fax   Mobile			
Business Name   Business Name   Address   PO Box   GPO Box   PO Box   GPO Box   Bag   Bag   RRN   RSD     Suburb / Town   Suburb / Town   Suburb / Town   State   Postcode   Business Phone   After hours phone   Business Fax   Mobile   ()			Given Name(s)
Business Name   Business Name   Address   PO Box   GPO Box   PO Box   GPO Box   Bag   Bag   RRN   RSD     Suburb / Town   Suburb / Town   Suburb / Town   State   Postcode   Business Phone   After hours phone   Business Fax   Mobile   ()			
Address         PO Box       GPO Box       Private Bag       Locked Bag       RRN       RSD         Street Address         Suburb / Town       State       Postcode         Business Phone       After hours phone       Business Fax       Mobile         ( )       ( )       ( )       ( )	ABN		
Address         PO Box       GPO Box       Private Bag       Locked Bag       RRN       RSD         Street Address         Suburb / Town       State       Postcode         Business Phone       After hours phone       Business Fax       Mobile         ( )       ( )       ( )       ( )			
PO Box GPO Box Private   Bag Bag RRN   Street Address     Suburb / Town     State   Postcode     Business Phone   After hours phone   ()     Business Fax     Mobile   ()	Business N	ame	Company Name
PO Box GPO Box Private   Bag Bag RRN   Street Address     Suburb / Town     State   Postcode     Business Phone   After hours phone   ()     Business Fax     Mobile   ()			
PO Box GPO Box Bag Bag RRN RSD   Street Address     Suburb / Town State Postcode     Business Phone After hours phone Business Fax Mobile   () () () ()			
Street Address     Suburb / Town     Suburb / Town     State     Postcode     Business Phone     After hours phone     Business Fax     Mobile     ()			
Suburb / Town     State     Postcode       Business Phone     After hours phone     Business Fax     Mobile       ( )     ( )     ( )	Address		
Business Phone     After hours phone     Business Fax     Mobile       ( )     ( )     ( )	Address PO Box	GPO Box Bag	
Business Phone     After hours phone     Business Fax     Mobile       ( )     ( )     ( )	Address PO Box	GPO Box Bag	
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Email	Address PO Box Street Addre Suburb / To	GPO Box Bag ess wn	Bag RRN RSD State Postcode
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	Address PO Box Street Addre Suburb / To Business Pf ( )	GPO Box Bag ess wn	Bag RRN RSD State Postcode
	Address PO Box Street Addre Suburb / To Business Pf ( )	GPO Box Bag ess wn	Bag RRN RSD State Postcode

Address		
Street address / Postal ad	dress *	
Suburb / Town *	State *	Postcode *
Primary Language Spoke	n at Premises * (to assist with	communication in the future)

Prescribed Accommodation Details				
Will the premises provide packaged food to guests and/or the public? *		□ □ Yes N	If yes, free notification in accordance with the Food Act has been No provided	
Will the premises handle unpackaged food for consumption by guests and/or the public? *		□ Yes □ No	<i>If yes, please complete an Application to Transfer the Registration of a Food Related Premises</i>	
Please specify the type of acco	mmodation *			
□ Hotel/Motel	□ Hostel			
□ Student Dormitory	□ Holiday Camps		□ Rooming House	
□ Other (please specify)				
Maximum number of guest a	ccommodated *	]	Number of rooms	

## Fees & Charges - 2024/2025

Transfer of Registration Fee - Motels, Hotels, School Camps	\$98
Pre-purchase Inspection Report - Motels, Hotels, School Camps	\$98
Pre-purchase Inspection Report required within 7 days – additional \$25	\$123
Transfer of Registration Fee - B&B > 5 People Accommodated (Unsewered with a private water supply)	-
Pre-purchase Inspection Report - B&B > 5 People Accommodated (Unsewered with a private water supply)	-
Pre-purchase Inspection Report required within 7 days – additional \$25	-
Transfer of Registration Fee - B&B > 5 People Accommodated (in Town) Pre-purchase Inspection Report - B&B > 5 People Accommodated (In Town)	-
Pre-purchase Inspection Report required within 7 days – additional \$25	-
<b>Optional</b> Transfer of Registration Fee - B&B < 6 People Accommodated (Unsewered with a private water supply)	-
<b>Optional</b> Pre-purchase Inspection Report - B&B < 6 People Accommodated (Unsewered with a private water supply)	-
Pre-purchase Inspection Report required within 7 days – additional \$25	-
<b>Optional</b> Transfer of Registration Fee - B&B < 6 People Accommodated (In Town)	-
<b>Optional</b> Pre-purchase Inspection Report - B&B < 6 People Accommodated (In Town) Pre-purchase Inspection Report required within 7 days – additional \$25	-

#### 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

By marking this checkbox I confirm that I have read and understood all the statements above \*

Name of person completing this application \*

Date	^

Signature of person completing this application \*

### **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 www.benalla.vic.gov.au

#### Lodgement

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

Benalla Rural City Council PO Box 227 Benalla VIC 3671 Telephone: 03 5760 2600 Email: council@benalla.vic.gov.au Website: www.benalla.vic.gov.au