

Environmental Health Services

ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444 T 03 5422 0333 – F 03 5422 3623 – <u>mrsc@mrsc.vic.gov.au</u> – www.mrsc.vic.gov.au

Registration of Prescribed Accommodation

Prescribed Accommodation Premises

I/we the undersigned, hereby apply to register under the provisions of the Public Health & Wellbeing Act 2008, the premises described below:

	, ,							
Trading	g name of premise	es (if any):						
Type of	f premises:							
Addres	ss:		Postcod	Postcode:				
Contac	t person:							
Telepho	one:		Mobile:					
Fax:		Email:						
Numbe	er of bedrooms av	ailable:						
Numbe	er of people to be	accommodated:						
Type of	prescribed (busin	ess) accommodation:						
accomm	ential nodation r (specify below)	☐ hostel ☐ holiday camp	☐ rooming house	☐ hotel/motel ☐ student dormitory				
	•	•	rata from date of registra er Division 81 of the GST					
	October-March	\$288						
	April-June	\$216						
	July-September	r \$138						

Privacy

The collection and handling of personal and health information is in accordance with Council's Privacy Policy which is displayed on Council's website, mrsc.vic.gov.au/privacy and available for inspection at or collection from Council's customer service centres.

Proprietor	s details			F '(
Surname:	First name:									
	me (as per AB	N): 								
ABN:										
Postal Addre	ess: 									
Town:		Postcode:								
Telephone:	Mobile:									
Fax:		Email:								
I understand a	and acknowled	ge that:								
	I have attached a plan of the accommodation premises drawn to a scale of not less than 1:100 which shows the proposed use of each room.									
	The information provided in this application is true and complete to the best of my knowledge; and that this application forms a legal document and penalties exist for providing false or misleading information.									
Registered P	Proprietor's Sigi	nature:			[Date:				
Service Centre By Mail: cheq	esent this form es. Jue or money o	and payment (ca rder – payable to r. Mail this form a	Macedon Ran	ges Shire Co	ouncil, or	complete	· Cred			
Credit card	I navment a	uthorisation								
Mastercard			Visa							
I authorise	e you to charge	the following am	ount to my cred	dit card: \$						
Name on	card:									-
Credit card	d number:									
Expiry dat	e (xx/xx):	Signa	ture:							