|  |  |
| --- | --- |
| MRSC logo MS Word cropped.jpg | **Environmental Health**Services |
| ABN 42 686 389 537 – PO BOX 151, KYNETON VIC 3444T 03 5422 0333 – F 03 5422 3623 – mrsc@mrsc.vic.gov.au – 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 name of premises (if any): |       |
| Type of premises: |       |
| Address: |       | Postcode: |       |
| Contact person: |       |
| Telephone: |       | Mobile: |       |
| Fax: |       | Email: |       |
| Number of bedrooms available:  |       |
| Number of people to be accommodated: |       |

Type of prescribed (business) accommodation:

[ ]  residential accommodation

[ ]  hostel

[ ]  holiday camp

[ ]  rooming house

[ ]  hotel/motel

[ ]  student dormitory

[ ]  Other (specify below)

|  |
| --- |
|       |
|       |

Fees

Fees for registration of new premises are pro rata from date of registration to 31 December of current year. This fee is exempt from GST under Division 81 of the GST Act.

|  |  |  |
| --- | --- | --- |
| [ ]  | October-March | $288 |
| [ ]  | April-June | $216 |
| [ ]  | July-September | $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](https://www.mrsc.vic.gov.au/About-Council/Our-Council/Policies/Privacy-Policy) and available for inspection at or collection from Council’s customer service centres.

Proprietor’s details

|  |  |  |  |
| --- | --- | --- | --- |
| Surname: |       | First name: |       |
| Company name (as per ABN): |       |
| ABN: |       |
| Postal Address: |       |
| Town: |       | Postcode: |       |
| Telephone: |       | Mobile: |       |
| Fax: |       | Email: |       |

I understand and acknowledge 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 Proprietor’s Signature: |  | Date: |  |

Payment options

**In person**: present this form and payment (cash, cheque/money order, eftpos or credit card) at one of our Service Centres.

**By Mail**: cheque or money order – payable to Macedon Ranges Shire Council, or complete Credit Card payment authorisation below. Mail this form and payment to PO BOX 151 KYNETON VIC 3444.

Credit card payment authorisation

|  |  |  |  |
| --- | --- | --- | --- |
| Mastercard | [ ]  | Visa | [ ]  |

|  |  |
| --- | --- |
|  I authorise you to charge the following amount to my credit card: $ |       |

|  |  |
| --- | --- |
|  Name on card:  |       |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Credit card number: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |

|  |  |  |  |
| --- | --- | --- | --- |
|  Expiry date (xx/xx):  |  | Signature: |  |