

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

Transfer of registration of prescribed accommodation

Fee: \$280

I/we the undersigned hereby apply to transfer the registration under the provisions of the Public Health & Wellbeing Act 2008.

Current MRSC Registration No):	Date of transfer:
Trading name of premises:		
Type of premises:		
Premises details		
Address:		
Town:	Postcode:	
Contact person:		
Telephone:	Mobile:	
Fax:	Email:	
Trading name of premises (if a	ny):	
Number of bedrooms available	:	
Number of people to be accom	modated:	
Type of prescribed (business) accomposed in the composition in the com	ommodation: holiday camp rooming house	☐ hotel/motel ☐ student dormitory

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.

Existing proprietor's details

Surname:	First name:
Company name (as per ABN):	
ABN:	
Postal Address:	
Town:	Postcode:
Telephone:	Mobile:
Fax:	Email:
New proprietor's details	
Surname:	First name:
Company name (as per ABN):	
ABN:	
Postal Address:	
Town:	Postcode:
Telephone:	Mobile:
Fax:	Email:
I/we understand and acknowledge	hat:
•	d in this application is true and complete to the best of my application forms a legal document and penalties exist for ding information.
Existing Proprietor's Signature:	Date:
New 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 customer service centres.
- Phone: call our customer service team on (03) 5422 0333 (Mastercard and Visa accepted)
- **By Mail:** cheque or money order payable to Macedon Ranges Shire Council. Mail this form and payment to PO BOX 151, KYNETON VIC 3444