

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: \$104

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

Current MRSC Registration No:	on Dat	te of transfer:
Trading name of premise	S:	
Type of premises:		
Premises details		
Address:		
Town:	Postcode:	
Contact person:		
Telephone:	Mobile:	
Fax:	Email:	
Trading name of premise	s (if any):	
Number of bedrooms ava	ailable:	
Number of people to be a	accommodated:	
Type of prescribed (business) residential accommodation hostel Other (specify below)) accommodation: 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	<u> </u>	
New proprietor's details		
Surname:	First name:	
Company name (as per ABN):		
ABN:		
Postal Address:		
Town:	Postcode:	
Telephone:	Mobile:	
Fax: Email	<u> </u>	
I/we understand and acknowledge that:		
· · · · · · · · · · · · · · · · · · ·	lication is true and complete to the best of my forms a legal document and penalties exist for ation.	
Existing Proprietor's Signature:	Date:	
New Proprietor's Signature:	Date:	
Payment options		
In person : present this form and payment (cash Service Centres.	, cheque/money order, eftpos or credit card) at one of our	
By Mail : cheque or money order – payable to Mapayment authorisation below. Mail this form and	acedon Ranges Shire Council, or complete Credit Card payment to PO BOX 151 KYNETON VIC 3444.	
Credit card payment authorisation		
Mastercard	Visa	
I authorise you to charge the following amour	nt to my credit card: \$	
Name on card:		
Credit card number:		
Expiry date (xx/xx): Signatu	ure:	