



Public Health and Wellbeing Act 2008

Application to Transfer a Accommodation Premises

INFORMATION

Please complete this form and provide it to Horsham Rural City council together with the **Transfer Fee** as detailed in the Tax Invoice provided.

If your premises have altered since the initial floor plan was submitted you will need to submit an updated version of this plan.

Please ensure that you have spoken to both the Building and Planning Departments in council to ensure that your application meets all of the relevant building and planning requirements.

If you provide accommodation for three or less people and will not be serving food to guests and/or the public, you do not need to proceed with this application.

Is this an Application for a:

Application to Transfer - Receipt Code: 34

NEW PROPRIETOR DETAILS

Name of New Proprietor:

Address of New Proprietor:

Contact Details:

Home Phone:

Fax Number:

Mobile Phone:

Email:

EXISTING PROPRIETOR DETAILS

Name of Existing Proprietor:

Address of Existing Proprietor:

Contact Details:

Home Phone:

Fax Number:

Mobile Phone:

Email:

PREMISES DETAILS

Business /Trading Name:

ABN/ACN

Premises Address:

Contact Details:

Business Phone:

Business Fax:

Mobile Phone:

Business email:

ACCOMMODATION DETAILS**Please choose a type of Accommodation:**

Residential Accommodation

Student Dormitory

Holiday Camp

Hotel/Motel

Hostel

Rooming House

Maximum Number of Guests

Accommodated:

Number of Rooms:

Will the premises provide food to guests and/or the public? (eg. Bed and Breakfast)

YES

NO

*If YES you will need to register your business under the Food Act 1984.**Please contact Councils Environmental Health Officer on 53829768.*

PLANS

Initial Registration requires a plan to be submitted with the application. Please attach a copy of your kitchen floor plan.

DECLARATION

I understand and acknowledge that:

1. The information provided in this application is true and complete to the best of my knowledge
 2. This application forms a legal document and penalties exist for providing false or misleading information.
 3. I am Over 18 years at the time of completing this application
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EXISTING PROPRIETOR

Name of Existing Proprietor

Date:

Authority to complete this form

NOTE: Typing names into the above fields is satisfactory, there is no need to print and sign this document

NEW PROPRIETOR

Name of New Proprietor

Date:

Authority to complete this form

NOTE: Typing names into the above fields is satisfactory, there is no need to print and sign this document

Privacy

Horsham Rural City Council will only use the personal information you provide in or with this form for matter relating to your registration in accordance with the Information Privacy Act 2001 (Vic)

Submission

Please save this document to your computer and send it via email to Council at council@hrcc.vic.gov.au
