



RURAL CITY OF
WANGARATTA

In Replying Please Quote: 75 040 001

If Calling Please Ask For: Ross Cairns or Lisa Giese

62-68 Ovens Street
PO Box 238
WANGARATTA VIC 3676
Telephone: (03) 5722 0888
Fax: (03) 5721 9526
E-mail: council@wangaratta.vic.gov.au
ABN 67 784 981 354

Section 71 *Health and Wellbeing Act 2008*
Regulation 16 Public Health and Wellbeing Regulations 2009

**APPLICATION FOR TRANSFER OF REGISTRATION OF
PRESCRIBED ACCOMMODATION**

Please complete this form and provide it to the *Rural City of Wangaratta* together with the:

- **Transfer of Registration fee**; and
- A **plan of the accommodation premises** being transferred, drawn to a scale of not less than 1:100, which shows the proposed use of each room.

Registration number:
Applicant (new business proprietor's) name in full (if company, include ACN):
Type of prescribed accommodation: Please tick any of the categories listed below that are applicable
<input type="checkbox"/> Residential accommodation <input type="checkbox"/> Hotel or Motel <input type="checkbox"/> Hostel
<input type="checkbox"/> Student dormitory <input type="checkbox"/> Holiday camp <input type="checkbox"/> Rooming House
<input type="checkbox"/> Other (specify).....
Prescribed accommodation (premises) address:

DETAILS OF FORMER PROPRIETOR	
Business proprietor's name in full (if company, include ACN):	
Business/Trading name (where different to new proprietor's name):	
Proprietor's address:	
Contact person (name):	
Postal address:	
Telephone:	Fax:
Email:	

APPLICANT (NEW PROPRIETOR) DETAILS

Business/Trading name (where different to proprietor's name):

Proprietor's address:

Contact person (name):

Postal address:

Telephone:

Fax:

Email:

Signature of former proprietor/s:

Date:

Signature of new proprietor/s:

Date:

Rural City of Wangaratta will only use the personal information you provide in or with this form for matters relating to our registration in accordance with the *Information Privacy Act 2001*(Vic).

TRANSFER OF REGISTRATION FEE

Fee: \$

TAX INVOICE – NOT SUBJECT TO GST

Office Use Only

Debtor No:

Registration No:

Receipt No:

Date of Transfer:

Transfer Fee: \$

Renewal of registration due: 31 December 2016

Conditions of registration: