

Application to register an accommodation business

Please use this form to notify Council of your intent to register an accommodation business. Under the Public Health and Wellbeing Act 2008, businesses accommodating 6 or more persons must register with local Council.

Business	owner – perso	onal details		
Owner	Title			
OWNO	Name (s)			
	Surname			
Postal address				
r ootar adaroo				
	Town	Postcode		
Email				
Telephone Phone		Mobile		
the primary o	ontact the business ov	wher		
s the primary c	ontact the business ov	vner □ Yes □ No (Please complete below)		
rimary C	ontact (if differ	ent from above)		
rimary O	ontact (il dillor			
Owner	Title			
	Name (s)			
	Surname			
Postal address	3			
	Town	Postcode		
Email				
Telephone	Phone	Mobile		
re you comple	ting this form on beha	If of the business owner? ☐ Yes ☐ No		
usiness type (please tick appropriate	e box):		
	Sole trader			
	Partnership			
	Company			
	Company			

Durainana	-1-!la					
Business de	etails					
Business						
trading name						
Company name						
(if different to						
trading name)						
Business						
Trading address						
(if different from						
owner's postal address)	Town	Post	codo			
Australian	TOWIT	FOSI	code			
Business						
Number (ABN)						
- if available						
Australian						
Company						
Number (ACN)						
- if available						
	•					
Please note: trust	funds are not accepta	ble as company or proprietor na	ame.			
Type of bus	iness					
			_			
Motel / hotel		Residential accommodation	Holiday camp			
Bed and Breakfast		Rooming house				
Rooming house operator's licence number (for rooming houses only)						
Number of rooms available			ber of auests			
			3			
*Please Note: If you are planning to serve food in your accommodation business you may also						
require a Food Business Registration. Depending on the type of food provided, additional registration						
fees may apply.						
Please visit the ww	Please visit the <u>www.wangaratta.vic.gov.au</u> for more information about food registration, or call 03 5722					
0888 to speak with an Environmental Health Officer.						

Supporting documents I have attached plans of the layout include: Size of all rooms Proposed occupancy limits of each room Location and number of facilities Floor areas (in m²) Signature New Proprietor name:.... Signature: Date:

Registration and renewal fees

Once your application has been received, we will contact you with an invoice and options for payment of the registration fee and new premises assessment fee.

You are required to renew your registration annually.

For more information about the appropriate fees please visit our website or contact the Environmental Health Department on 03 5722 0888.