

Public Health & Wellbeing Act 2008

Applicant Details – Proposed New Proprietor			
Title Surname	Given Name (s)		
Business Name	Company Name		
Address			
Street Address / Postal Address			
Suburb / Town	State Postcode		
Business Phone After Hours Phon	ne Mobile		
Email			
Proposed Proprietor 2 (if applicable)			
Title Surname	Given Name (s)		
Business Name	Company Name		
Address			
Street Address / Postal Address			
Suburb / Town	State Postcode		
Business Phone After Hours Phon	ne Mobile		
Email			



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Existing Proprietor Details		
Title Surname	Given Name (s)	
Business Name	Company Name	
Address		
Street Address / Postal Address		
Suburb / Town	State Postcode	
Business Phone After H	ours Phone Mobile	
Email		
Signature of Existing Proprietor	Date	
	nises Details	
Premises Street Address		
Suburb / Town	State Postcode	
Primary Language spoken at the Premises (to assist with communication in the future)		
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Prescribed Accommodation Details			
Will the premises provide food to guests and/or the public (eg. Bed and breakfast)? Yes / No			
If yes please complete the relevant Food Registration Form			
Please nominate a type of accommodation selecting from : Motel/Hotel, Holiday Camp, Hostel, Residential Accommodation,			
Rooming House, Student Dormitory or other (please specify)			
Maximum number of guest accommodated Number of Rooms			
Premises Details			
Premises Trading Name			
Premises Street Address			
Suburb / Town State Postcode			
Primary Language spoken at the Premises (to assist with communication in the future)			
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Prescribed Accommodation Details			
Will the premises provide food to guests and/or the public (eg. Bed and breakfast)? Yes / No			
(If <u>yes</u> please complete the relevant Food Registration Application form)			
Please detail the type of accommodation Motel/Hotel, Holiday Camp, Hostel, Residential Accommodation, Rooming House, Student Dormitory or other (please specify)			
Maximum number of guest accommodated Number of Rooms			

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Payment Details		
Please refer to the fee schedule to confirm appropriate fee.		
Declaration		
I understand and acknowledge that:		
- The information provided in this application is true and complete to the best of my knowledge		
This application forms a legal document and penalties exist for provide false or misleading information		
- I am over 18 years at the time of completing this application		
By marking this checkbox I confirm that I have read and understood all the statements above		
Name of person completing this application	Date	
Signature of person completing this application		
Privacy Statement		

Any personal information disclosed on this form has been collected by Hepburn Shire Council for the provision of the services referred to on this form. This information will be used by Council for that purpose or directly related purpose and will not be disclosed to any other party except as required by law.

Council collects personal information in accordance with the Information Privacy Principles as set out in the Information Privacy Act 2000, and Council's Privacy Policy which is available at our offices or on Council's website http://www.hepburn.vic.gov.au/Page/Page.asp?Page_Id=545.

Requests for access and/or correction to information provided should be made to Council's Privacy Officer on 5321 6450.

Lodgement

If you intend to post this form please use the details provided below:

Hepburn Shire Council – Environmental Health Department

P O Box 21

DAYLESFORD Vic 3460

Telephone: 5348 2306 Fax: 5348 2911

Email: <u>shire@hepburn.vic.gov.au</u>
Website: <u>www.hepburn.vic.gov.au</u>