



Application for Registration  
Prescribed Accommodation Premises  
Public Health and Wellbeing Act 2008

West Wimmera Shire Council  
Tel: 03 5585 9900  
[www.westwimmera.vic.gov.au](http://www.westwimmera.vic.gov.au)

Council Use Only	
Application Number :-	<input type="text"/>
Application Date:-	<input type="text"/>
Ledger Number:-	<input type="text"/>

Fields marked with an asterisk (\*) are mandatory and must be completed.

### Council Specific Information

Please use this form to notify West Wimmera Shire Council of your intent to register a Prescribed Accommodation business. Please note the registration is not official until Council has approved the application.

### Applicant Details

#### Proprietor

Title*	Surname*	Given Name 1*	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ABN	ACN		
<input type="text"/>	<input type="text"/>		
Business Name	Company Name		
<input type="text"/>	<input type="text"/>		

#### Address

Street Address/ Postal Address*			
<input type="text"/>			
Suburb / Town*	State *	Postcode *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Phone*	After hours phone	Business Fax	Mobile
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>
Email			
<input type="text"/>			

#### Proprietor 2 (if applicable)

Title	Surname	Given Name 1	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ABN	ACN		
<input type="text"/>	<input type="text"/>		
Business Name	Company Name		
<input type="text"/>	<input type="text"/>		

#### Address

Street Address/ Postal Address			
<input type="text"/>			
Suburb / Town	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Business Phone	After hours phone	Business Fax	Mobile
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>
Email			
<input type="text"/>			

## Contact Details

### Contact Details (if different from above)

Title

Surname\*

Given Names 1\*

### Address

Street Address/ Postal Address

Suburb / Town

State

Postcode

Business Phone\*

After hours phone

Business Fax

Mobile

Email

## Premises Details

### Address

Street address / Postal address \*

Suburb / Town \*

State \*

Postcode \*

Primary Language Spoken at Premises \* *(to assist with communication in the future)*

## Prescribed accommodation details

Will the premises provide food to guests and/or the public? \*  
(e.g. bed and breakfast)

***If yes, please complete the Food Related  
Premises Details***

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

**IMPORTANT** - If you provide accommodation for three or less people and will not be serving food to guest and/or public, you do not need to proceed with this application

## Supporting Documents

If you have discussed this application with Council prior to delivering the application to Council, Council may have requested additional information based upon the nature of the application.

## Payment Details

Please contact West Wimmera Shire Council's Environmental Health Officer on 03 5585 9900 to confirm appropriate fee and arrange payment.

## 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 providing 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

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: [www.westwimmera.vic.gov.au](http://www.westwimmera.vic.gov.au)

## Lodgement

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

West Wimmera Shire Council  
PO Box 201  
Edenhope VIC 3318

Telephone: 03 5585 9900  
Fax: 03 5585 9950  
Email: [council@westwimmera.vic.gov.au](mailto:council@westwimmera.vic.gov.au)  
Website: [www.westwimmera.vic.gov.au](http://www.westwimmera.vic.gov.au)