



West Wimmera Shire Council
Tel: 03 5585 9900
www.westwimmera.vic.gov.au

Application for Transfer of Registration Prescribed Accommodation Premises

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 transfer registration of a Prescribed Accommodation Business. Please note transfer is not official until Council has approved the application.

Applicant Details

Existing Proprietor

Title*	Surname*	Given Names*	
<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"/>			

Existing Proprietor 2 (if applicable)

Title	Surname	Given Names	
<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"/>			

Proposed (New) Proprietor Details

Proposed Proprietor

Title*

Surname*

Given Names*

ABN

ACN

Business Name

Company Name

Address

Street Address/ Postal Address*

Suburb / Town*

State*

Postcode*

Business Phone*

After hours phone

Business Fax

Mobile

Email

Proposed Proprietor 2 (if applicable)

Title

Surname

Given Names

ABN

ACN

Business Name

Company Name

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 guest and/or the public? * (e.g. bed and breakfast) Yes/No

Please nominate a type of accommodation selecting from:
(Holiday Camps, Hostel, Hotel/Motel, Residential Accommodation,
Rooming Accommodation, Student Dormitory Other)

Maximum number of guests accommodated* No of rooms

<input type="text"/>	<input type="text"/>
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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 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
Website: www.westwimmera.vic.gov.au

