

Application to Registration  
of Prescribed Accommodation Premises  
Public Health and Wellbeing Act 2008



Nillumbik Shire Council  
Tel: 03 9433 3340  
www.nillumbik.vic.gov.au

**Council use only**  
Receipt number:  
Application date:  
Lodgement date:

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

**Council specific information**

Application for registration must be accompanied by 1 copy of the floor plan

**Applicant details**

**Proprietor**

Title\* Surname\* Given Name 1\* Given Name 2

ABN ACN

Business Name Company Name

**Address**

PO Box  GPO Box  Private Bag  Locked Bag  RMB  RSD

Street Address/ Postal Address\*

Suburb / Town\* State\* Postcode\*

Please provide at least one phone number and include the area code \*

Business Phone After hours phone Business Fax Mobile

Email

**Proprietor 2 (if applicable)**

Title Surname Given Name 1 Given Name 2

ABN ACN

Business Name Company Name

**Address**

PO Box  GPO Box  Private Bag  Locked Bag  RMB  RSD

Street Address/ Postal Address

Suburb / Town State Postcode

Please provide at least one phone number and include the area code

Business Phone

After hours phone

Business Fax

Mobile

Email

**Contact details (if different from above)  
If same as proprietor leave details blank**

Title

Surname

Given Name 1\*

Given Name 2

**Address**

PO Box

GPO Box

Private Bag

Locked Bag

RMB

RSD

Street Address/ Postal Address

Suburb / Town

State

Postcode

Business Phone

After hours phone

Business Fax

Mobile

Email

Business Phone

After hours phone

Business Fax

Mobile

## 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

## Supporting documents

## Payment details

The fee to register a prescribed accommodation premises is dependent on the number of beds

**Fee:**

**<10 beds \$290.00**

**10 - 20 beds \$470.00**

**>20 beds \$ 600.00**

## 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.nillumbik.vic.gov.au](http://www.nillumbik.vic.gov.au)

## Lodgement

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

Nillumbik Shire Council  
PO Box 476  
Greensborough VIC 3088

Telephone: 03 94333340  
Fax: 03 9433 3777  
Email: [info@nillumbik.vic.gov.au](mailto:info@nillumbik.vic.gov.au)  
Website: [www.nillumbik.vic.gov.au](http://www.nillumbik.vic.gov.au)