



ALPINE SHIRE

Alpine Shire Council

Tel: 03 5755 0555

www.alpineshire.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

Applicant Details

Existing Proprietor

Is this proprietor a contact for this application Yes/No

Title* Surname* Given Names*

ABN
ACN

Business Name Company Name

PO Box GPO Box Private Bag Locked Bag RRN 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

Existing Proprietor 2 (if applicable)

Title Surname Given Names

ABN
ACN

Business Name Company Name

PO Box GPO Box Private Bag Locked Bag RRN 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)

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

Proposed (New) proprietor details

Proprietor (If there is more than one proprietor of the business, complete details for each below)

Title*

Surname*

Given Name(s)*

ABN

ACN

Business Name

Company Name

Address

PO Box GPO Box Private Bag Locked Bag RRN RSD

Street Address *

Suburb / Town

State

Postcode

Business Phone

After hours phone

Business Fax

Mobile

Email

Proprietor 2 (if applicable)

Title	Surname	Given Name(s)
<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

PO Box
 GPO Box
 Private Bag
 Locked Bag
 RRN
 RSD

Street Address

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

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"/>

Supporting Documents

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.alpineshire.vic.gov.au

Lodgement

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

Alpine Shire Council
PO Box 139
Bright VIC 3741

Telephone: 03 5755 0555
Fax: 03 5755 1811
Email: health@alpineshire.vic.gov.au
Website: www.alpineshire.vic.gov.au

Payment Details

How to pay:

By cash, cheque or credit card - If you know the fee to be paid, include payment when delivering the form by post, fax or in person eg cash or cheque.

Payment by credit card - (Visa or Mastercard). Credit Card details to be provided on form or alternatively provide details via phone 03 5755 0555.

REGARDLESS OF HOW YOU CHOOSE TO PAY FOR THE APPLICATION, YOUR APPLICATION WILL NOT BE PROCESSED BY COUNCIL UNTIL REQUIRED PAYMENT HAS BEEN RECEIVED

You are required to accept the following terms and conditions:

Electronic form - document to be scanned to include signature (including any required supporting information) and forwarded to info@alpineshire.vic.gov.au with credit card details.

Print Form - deliver your application (including any required supporting information and necessary payment) to Alpine Shire Council BY FAX, BY POST OR IN PERSON. You are required to sign this form

Fees (GST free):

Prescribed Accommodation Premises

\$210.00 per annum

TRANSFER FEE = 50% ANNUAL FEE

Please complete credit card details below:

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Please charge my Visa/Mastercard:- (please delete as appropriate)

Card Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Total Amount \$

Expiry Date: /

Signature

Date: / /