



MANSFIELD SHIRE

PREMISES REGISTRATION – PUBLIC HEALTH & WELLBEING ACT 2008 PRESCRIBED ACCOMMODATION

I/We the undersigned, hereby apply for **Registration** for the year ending «GlobalMergeField3» under the provisions of the Public Health & Wellbeing Act 2008 the Premises hereunder described and depicted in the Plan Lodged with Council.

Please complete & amend any incorrect details and ensure this form is signed

TRADING NAME		
BUSINESS DESCRIPTION		
PREMISES ADDRESS		
PROPRIETOR(S) NAME (PERSON(S) OR COMPANY ONLY)		
POSTAL ADDRESS		
TELEPHONE	B.H:	Mobile:
EMAIL ADDRESS		
BUSINESS ABN NUMBER:	Max. No. of Persons (incl. staff):	NO. OF ACCOMMODATION ROOMS:
MANAGER(S) NAME		
PROPRIETOR(S) SIGNATURE(S) ! All forms must be completed & signed	DATE:	

Accommodation classes include Residential Accommodation, Hotels & Motels, Hostels, Student Dormitories, Holiday Camps & Rooming Houses

Please note GST is not payable. Mansfield Shire Council ABN 74 566 834 923

Office use only

LC REF:	RECEIPT No:	DATE:
FEE PAID:	FILE No:	RECEIPT TO

AMOUNT PAYABLE: «LastFee_FeeAmount»

CARD TYPE:	CARD NO.
EXP.DATE:	AMOUNT
I authorise payment to be made from my credit/debit card	SIGNATURE: