



## MANSFIELD SHIRE

### REGISTRATION – PRESCRIBED ACCOMMODATION PUBLIC HEALTH & WELLBEING ACT 2008

I/We the undersigned, hereby apply to **Transfer 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 and ensure this form is signed.**

<b>TRADING NAME</b>		
<b>BUSINESS DESCRIPTION</b>		
<b>PREMISES ADDRESS</b>		
<b>NEW PROPRIETOR(S) NAME (PERSON(S) OR COMPANY ONLY)</b>		
<b>POSTAL ADDRESS</b>		
<b>TELEPHONE</b>	<b>B.H:</b>	<b>Mobile:</b>
<b>EMAIL ADDRESS</b>		
<b>BUSINESS ABN NUMBER:</b>	<b>Max No. of Persons (incl. staff):</b>	<b>No. of Accommodation Rooms</b>
<b>NEW PROPRIETOR(S) SIGNATURE(S) (PERSONS/COMPANY ONLY)</b>		<b>DATE:</b>
<b>APPLICATION ENDORSEMENT BY CURRENT PROPRIETOR</b>		<b>DATE:</b>

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**

**AMOUNT PAYABLE: «LastFee\_FeeAmount»**

Office use only

<b>LC REF:</b>	<b>RECEIPT No:</b>	<b>DATE:</b>
<b>FEE PAID:</b>	<b>FILE No:</b>	<b>RECEIPT TO:</b>

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