



Registration - Prescribed Accommodation

Public Health & Wellbeing Act 2008

I/We the undersigned, hereby apply for **Registration** for the year ending **31 December 2024** 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

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 Accommodated (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.

OFFICE USE ONLY: File No.

Debtor No.

 Fee Paid