Prescribed Accommodation Registration

Public Health & Wellbeing Act 2008

Mansfield Shire

I/We the undersigned, hereby apply for **Registration** for the year ending **31 December 2025** 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			
ABN			
Max No. of Persons Accommodated (incl. staff)		No. Accommodation Rooms	
Manager(s) Name			

Proprietor(s) Signature

**All forms must be completed and signed*

_____ Date: _____

Accommodation classes include residential accommodation, hotels & motels, hostels, student dormitories, holiday camps and rooming houses.

OFFICE USE ONLY:	File No.	Debtor No.	☐ Fee Paid