

**Application for Registration**  
**Prescribed Accommodation Premises**  
**Public Health and Wellbeing Act 2008**

**Benalla Rural City Council**

**Tel: 03 5760 2600**

**[www.benalla.vic.gov.au](http://www.benalla.vic.gov.au)**

Council Use Only

Receipt Number

Date Paid

Amount

Fields marked with an asterisk (\*) are mandatory and must be completed.

**Council Specific Information**

Please use this form to notify Benalla Rural City Council of your intent to register a prescribed accommodation related business under the *Public Health and Wellbeing Act 2008*.

Please note the registration is not official until Council has approved the application and issued a Certificate of Registration.

**Applicant Details**

**Proprietor**

Title\*

Surname\*

Given Name 1\*

Given Name 2

ABN

ACN

Business Name

Company Name

**Address**

☐

PO Box

☐

GPO Box

☐

Private Bag

☐

Locked Bag

☐

RMB

☐

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

**Proprietor 2 (if applicable)**

Title

Surname

Given Name 1

Given Name 2

ABN

ACN

Business Name

Company Name

**Address**☐

PO Box

☐

GPO Box

☐

Private Bag

☐

Locked Bag

☐

RMB

☐

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

**Proprietor 3 (if applicable)**

Title

Surname

Given Name 1

Given Name 2

ABN

ACN

Business Name

Company Name

**Address**☐

PO Box

☐

GPO Box

☐

Private Bag

☐

Locked Bag

☐

RMB

☐

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

**Premises Details****Address**

Street address / Postal address \*

Suburb / Town \*

State \*

Postcode \*

Primary Language Spoken at Premises \* *(to assist with communication in the future)*

Will the premises provide packaged food to guests and/or the public? \*

☐ Yes☐ No**Notify Council of your details (free)**

Will the premises handle unpacked food for guests and/or the public? \*

☐ Yes☐ No**If yes, please complete an Application to Register a Food Related Premises (fees apply)**

Please specify the type of accommodation \*

☐ Hotel/Motel

☐ Hostel

☐ Student Dormitory

☐ Holiday Camps

☐ Rooming House

☐ Other (please specify)

Maximum number of guests accommodated		Number of rooms	
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**NOTE:** All applicants must consult with Councils Town Planning and Building departments with respect to the establishment of your new business.

### Supporting Documents

Please provide a plan of the premises drawn to a scale of not less than 1:100 and showing the proposed use of each room.

### Payment Details

#### Fees & Charges - 2023/2024

New Premises First Year Registration Fee - Motels, Hotels, School Camps, Rooming House

\$285 (Includes 50% establishment/Set Up)

Calendar Year Registration so pro-rata discount available on the annual registration component if opening part way through year.

(\$16 off for each month not registered that year.)

Subsequent Annual Calendar Year Registration Renewal Fee - Motels, Hotels, School Camps, Rooming House

\$190.00

### 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 Council Privacy statement located at [www.benalla.vic.gov.au](http://www.benalla.vic.gov.au).

### Lodgement

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

Benalla Rural City Council  
PO Box 227  
Benalla Vic 3671

**Telephone:** 03 5760 2600  
**Email:** [council@benalla.vic.gov.au](mailto:council@benalla.vic.gov.au)  
**Website:** [www.benalla.vic.gov.au](http://www.benalla.vic.gov.au)