

Council Use Only	
Receipt Number	<input type="text"/>
Date Paid	<input type="text"/>
Amount	<input type="text"/>

**Rural City Council**  
760 2600  
benalla.vic.gov.au

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

### Council Specific Information

Please use this form to apply to Benalla Rural City Council to transfer the registration of a prescribed accommodation premises from the current to new proprietor under the Public Health and Wellbeing Act 2008.

### Applicant Details

#### Existing Proprietor

Is this proprietor a contact for this application?

Yes

No

Title*	Surname*	Given Names*
<input type="text"/>	<input type="text"/>	<input type="text"/>
ABN	ACN	
<input type="text"/>	<input type="text"/>	
Business Name	Company Name	
<input type="text"/>	<input type="text"/>	

#### Address

<input type="checkbox"/> PO Box	<input type="checkbox"/> GPO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Locked Bag	<input type="checkbox"/> RRN	<input type="checkbox"/> RSD
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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
( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>	( ) <input type="text"/>

Email

**Existing Proprietor 2 (if applicable)**

Title	Surname	Given Names
<input type="text"/>	<input type="text"/>	<input type="text"/>
ABN	ACN	
<input type="text"/>	<input type="text"/>	
Business Name	Company Name	
<input type="text"/>	<input type="text"/>	

**Address**

PO Box    GPO Box    Private Bag    Locked Bag    RMB    RSD

Street Address/ Postal Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number and include the area code

Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

**Contact Details (if different from above)**

Title	Surname	Given Name 1*	Given Name 2
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Address**

PO Box    GPO Box    Private Bag    Locked Bag    RMB    RSD

Street Address/ Postal Address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business Phone	After hours phone	Business Fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

## Proposed (New) proprietor details

**Proprietor** (If there is more than one proprietor of the business, complete details for each below)

Title\*

Surname\*

Given Name(s) \*

ABN

ACN

Business Name

Company Name

**Address**

 PO  
Box GPO Box Private  
Bag Locked  
Bag RRN RSD

Street Address \*

Suburb / Town

State

Postcode

Business Phone

After hours phone

Business Fax

Mobile

Email

**Proprietor 2 (if applicable)**

Title

Surname

Given Name(s)

ABN

ACN

Business Name

Company Name

**Address**

 PO  
Box GPO Box Private  
Bag Locked  
Bag RRN RSD

Street 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)*

## Prescribed accommodation details

Will the premises provide food to guests and/or the public? \*  
(e.g. bed and breakfast)

Yes  No

***If yes, please complete an  
Application to Transfer the  
Registration of a Food Related  
Premises***

Please specify the type of accommodation \*

- Residential Accommodation     Hotel/Motel     Hostel
- Student Dormitory     Holiday Camps     Rooming House
- B&B > 5 Beds (Unsewered with a private water supply)
- B&B > 5 Beds (In Town)
- B&B < 6 Beds (Unsewered with a private water supply)
- B&B < 6 Beds (In Town)
- Other (please specify)

Maximum number of guest accommodated \*

Number  
of  
rooms

## Payment Details

### Fees & Charges - 2017/2018

Transfer of Registration Fee - Motels, Hotels, School Camps	\$83.50
Pre-purchase Inspection Report - Motels, Hotels, School Camps	\$83.50
Pre-purchase Inspection Report required within 7 days – additional \$25	\$108.50
Transfer of Registration Fee - B&B > 5 Beds (Unsewered with a private water supply)	\$52.50
Pre-purchase Inspection Report - B&B > 5 Beds (Unsewered with a private water supply)	\$52.50
Pre-purchase Inspection Report required within 7 days – additional \$25	\$77.50
Transfer of Registration Fee - B&B > 5 Beds (in Town)	\$42.00
Pre-purchase Inspection Report - B&B > 5 Beds (In Town)	\$42.00
Pre-purchase Inspection Report required within 7 days – additional \$25	\$67.00
<b>Optional</b> Transfer of Registration Fee - B&B < 6 Beds (Unsewered with a private water supply)	\$31.50
<b>Optional</b> Pre-purchase Inspection Report - B&B < 6 Beds (Unsewered with a private water supply)	\$31.50
Pre-purchase Inspection Report required within 7 days – additional \$25	\$56.50
<b>Optional</b> Transfer of Registration Fee - B&B < 6 Beds (In Town)	\$26.50
<b>Optional</b> Pre-purchase Inspection Report - B&B < 6 Beds (In Town)	\$26.50
Pre-purchase Inspection Report required within 7 days – additional \$25	\$51.50

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

## Lodgement

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

Benalla Rural City Council  
PO Box 227  
Benalla VIC 3671

**Telephone:** 03 5760 2600  
**Fax:** 03 5762 5537  
**Email:** [council@benalla.vic.gov.au](mailto:council@benalla.vic.gov.au)  
**Website:** [www.benalla.vic.gov.au](http://www.benalla.vic.gov.au)