

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

Benalla Rural City Council

Tel: 03 5760 2600

www.benalla.vic.gov.au

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
<input type="text"/>	<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	Mobile
() <input type="text"/>	() <input type="text"/>	<input type="text"/>

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 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 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

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 Camp Rooming House Other (please specify)

Maximum number of guests accommodated

Number of rooms

NOTE: All applicants must consult with Council's Planning and Building departments about the establishment of a 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 for Motels, Hotels, School Camps, Rooming Houses (includes 50% establishment/set up component)	\$285
Calendar Year Registration - pro-rata discount on the annual registration component if opening part way through year. Discount for each month not registered that year	\$16
Subsequent Annual Calendar Year Registration Renewal Fee for Motels, Hotels, School Camps, Rooming Houses	\$190

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

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
Website: www.benalla.vic.gov.au