

Council Specific Information

Please use this form to notify Benalla Rural City Council of your intent to register a health-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

Is this proprietor a contact for this application?

☐ Yes

☐ No

Name

ABN

ACN

Address

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

Phone

Information Privacy

The personal information requested on this form is being collected by Council for the purpose of processing your application for a legal point of discharge. The personal information will be used by Council for that primary purpose or directly related purposes. The information may also be used to update Council's customer databases to assist Council in discharging its functions or providing services. The personal information collected will not otherwise be disclosed unless permitted or required by law. If the information is not collected we are unable to process your application and provide the service sought by you. Requests for access to and/or amendment of personal information should be made to Council's Privacy Officer.

Mobile

Email

Proprietor 2 Details

Name

ABN

ACN

Address

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

Phone

Mobile

Email

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Proprietor 3 Details

Name

ABN

ACN

Address

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

Phone

Mobile

Email

Contact Details

Name

ABN

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ACN

Business name

Company name

Address

Business phone

Mobile

Email

Proposed (New) Proprietor Details

Name

ABN

ACN

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Transfer Prescribed Accommodation

Address

Business phone

After hours phone

Business fax

Mobile

Email

Proprietor 2 name

Proprietor 2 address

Proprietor 2 business phone

Proprietor 2 after hours phone

Proprietor 2 business fax

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Proprietor 2 mobile

Proprietor 2 email

Premises Details

Address

Primary Language Spoken at Premises

Prescribed Accommodation Details

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

- ☐ Yes
☐ No

Will the premises handle unpackaged food for consumption by guests and/or the public?

- ☐ Yes
☐ No

Please specify the type of accommodation

- ☐ Hotel/Motel
☐ Hostel
☐ Student Dormitory
☐ Holiday Camp
☐ Rooming House
☐ Other (please specify)

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Other type of accommodation

Maximum number of guest accommodated

Number of rooms

Payment Details

Fees & Charges 2024/2025

Transfer of Registration Fee - Motels, Hotels, School Camps	\$98
Pre-purchase Inspection Report - Motels, Hotels, School Camps	\$98
Pre-purchase Inspection Report required within 7 days â additional \$25	\$123
Transfer of Registration Fee - B&B > 5 People Accommodated (Unsewered with a private water supply)	-
Pre-purchase Inspection Report - B&B > 5 People Accommodated (Unsewered with a private water supply)	-
Pre-purchase Inspection Report required within 7 days â additional \$25	-
Transfer of Registration Fee - B&B > 5 People Accommodated (in Town) -	-
Pre-purchase Inspection Report - B&B > 5 People Accommodated (In Town)	-
Pre-purchase Inspection Report required within 7 days â additional \$25	-
Optional Transfer of Registration Fee - B&B < 6 People Accommodated (Unsewered with a private water supply)	-
Optional Pre-purchase Inspection Report - B&B < 6 People Accommodated (Unsewered with a private water supply)	-
Pre-purchase Inspection Report required within 7 days â additional \$25	-
Optional Transfer of Registration Fee - B&B < 6 People Accommodated (In Town)	-
Optional Pre-purchase Inspection Report - B&B < 6 People Accommodated (In Town)	-
Pre-purchase Inspection Report required within 7 days â additional \$25	-

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Declaration

☐ By marking this checkbox I confirm that I have read and understood all the statements below

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

Name of person completing this application

Signature of person completing this application

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