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| CGD Logo Greyscale |  |
| Section 71 Public Health and Wellbeing Act 2008 (Vic) |
| **Application for Registration of Prescribed Accommodation** |
| **Before you apply…** | **YES** |
| I/We have spoken to Council’s Planning Department to determine whether or not we require a planning permit | [ ]  |
| I/We have contacted a Building Surveyor to obtain the appropriate Certificate of Occupancy for the premises | [ ]  |
| I/We have enclosed a plan of the accommodation premises drawn to a scale of not less than 1:100 which shows the proposed use and internal dimensions of each room. | [ ]  |
| To the City of Greater Dandenong Council: I/We, the undersigned, apply to REGISTER the prescribed accommodation premises described below for the year ending **31 December 20\_\_\_\_.** under the provisions of the *Public Health and Wellbeing Act 2008 (Vic)* |
| **Premises details** |
| **Address of Prescribed Accommodation:**       |
| Business/Trading name (if any):       |
|  **Premises type:**[ ]  Residential accommodation [ ]  Hotel/Motel [ ]  Hostel (inc Bed & Breakfast)[ ]  Student accommodation [ ]  Holiday camp [ ]  Rooming House[ ]  Other (specify)   |
| Number of bedrooms:       | Total number of beds:       |
| **Applicant Details** |
| **Is the Proprietor** (please tick 🗹 appropriate boxes) | **Please enclose:** |
| **a Company or Organisation** [ ]   | Photocopy of ASIC documents or other certificate of incorporation [ ]  |
| **an Individual (sole trader)** [ ]   |  |
| **a Partnership** [ ]   | Photocopy of Tax File Number [ ]  |
| **Note on Trusts**: a Trust is not a legal entity for the purposes of the Public Health and Wellbeing Act. The proprietor for a Trust is/are the Trustee(s). |
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| **Proprietor – Company/Organisation** |
| **Name of Legal Entity:**       |
| Contact person Given name:       | Surname:       |
| Position in the Company/Organisation:      (eg Director/Secretary etc.) |
| Community Groups are fee exempt. Tick here if you are claiming a nil fee [ ]  |
| ACN/ARBN:       | ABN:       |
| Registered address:       |
| Postal Address:        |
| Business Phone       | Mobile       |
| After Hours Phone       | Business Fax       |
| Email:       |
| **Proprietor - Individual** |
| Given names:       | Surname:       |
| ABN:       | Date of Birth:       (rooming house only) |
| Postal address:       |
| Business phone:       | Mobile:       |
| After Hours phone:       | Business fax:       |
| Email:       |
| **Proprietor – Second Individual / Partner** |
| Given names:       | Surname:       |
| ABN:       | Date of Birth:       (rooming house only) |
| Postal address:       |
| Business phone:       | Mobile:       |
| After hours phone:       | Business fax:        |
| Email:       |
| **Partnerships – Please add extra sheets for other partners** |
| **Premise Owner details (if different from above)** |
| Given names:       | Surname:       |
| Managing Agent (if applicable):       |
| Postal address:       |
| Business phone:       | Mobile:       |
| After hours phone:       | Business fax:       |
| Email:       |
| **Signature** |
| …………………………………………………………………**Signed** by, or on behalf of, the above-named Proprietor…………………………………………………………………Please print name | ……………………………..…………………………(In the case of a company or organisation, the person signing this form must state their position in the company/organisation, eg Director/Secretary etc.)**Date:**       /       /        |
| **PRIVACY STATEMENT** |
| **Privacy and your personal information** - Council is collecting this information for the purpose of considering your application for Registration of a prescribed accommodation premises in accordance with the Public Health and Wellbeing Act 2008 and to forward to you relevant information. The information will not be disclosed except as required by law. It may be provided to the Department of Health and Human Services or Consumer Affairs Victoria for the same purpose, and for statistical purposes related to the application of this Act. It will be treated in accordance with the Department of Health and Human Services Information Privacy Principles and the Privacy and Data Protection Act 2014. If you fail to provide this information your application may not be able to be processed. You may access this personal information by contacting Council on 8571 1000.**Rooming House business owners, please note**: it is a requirement under the Residential Tenancies Act 1997 for councils to enter information about the rooming houses they register into the State-wide register of rooming houses. Some of this information, specifically the rooming house address, the name(s) of the owner of the rooming house business, the business owner(s) ABN/ACN and the council which registers the rooming house, will be available to the public. Should you wish to have your personal details suppressed from the public view of the register you can apply in writing to the Director of Consumer Affairs Victoria. |

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| **What Next?** |
| Upon receipt of this application form Council will send you a Tax Invoice which is split into two components, plans approval and registration fee. Please call Council for updated fees for Prescribed Accommodation and Plans on 03 8571 1000.**We will assess your floor plan and provide written approval.**An Environmental Health Officer will contact you to arrange an inspection of the premises to ensure compliance. We can come to the premises during the fit out as well as a Final Inspection when you are ready to let the rooms.**The registration fee must be paid before you can start operating your business.** |

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| **Return completed form to the City of Greater Dandenong** |
| **Post:**City of Greater DandenongPO Box 200DandenongVIC 3175 | **In person at a customer service centre*** **Dandenong:** 225 Lonsdale Street, Dandenong
* **Springvale:** 397-405 Springvale Road, Springvale
* **Parkmore:** Shop A7, Parkmore Shopping Centre, Cheltenham Road, Keysborough
 | **Email:** council@cgd.vic.gov.au**Fax:** (03)8571 5196 |

