**Pre-Registration Assessment Application for a Prescribed Accommodation**

Thank you for your enquiry regarding setting up a business within City of Greater Dandenong. To assist you in understanding the requirements to register a premises within the City of Greater Dandenong please visit Council’s website [www.greaterdandenong.vic.gov.au](http://www.greaterdandenong.vic.gov.au/)

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| --- | --- | --- | --- |
| **Before you apply** | **Yes** |  | **No** |
| Have you spoken to Council’s Better Approval’s Team? |  |  |  |
| Do you require a planning permit? |  |  |  |
| Do you require a building permit? |  |  |  |

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| **Section 1 – Premises Details** | | | | | | | | | | | | | | | | |
| Trading Name | | | | | |  | | | | | | | | | | |
| **Address of Premises** | | | | | | | | | | | | | | | | |
| Unit No. | | | | | | | | | Street No. | | | | | | | |
| Street Name | | | | | | | | | | | | | | | | |
| Suburb | | | | | | | | | | | | | | | Postcode | |
| Phone | | | | | | | | | | | Mobile | | | | | |
| Email | | | | |  | | | | | | | | | | | |
| **Section 2 - Proprietors Details**  Please note: 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). | | | | | | | | | | | | | | | | |
| Proprietor Name (Full Name/Company Name) | | | | | | | | | | | |  | | | | |
| ABN / ACN | | | |  | | | | | | | | | | | | |
| If Company, provide Contact Person’s Name | | | | | | | | | | |  | | | | | |
| **Postal Address** | | | | | | | | | | | | | | | | |
| Unit No |  | | | | | | | | Street No | |  | | | | | |
| Street Name | | | | |  | | | | | | Suburb | |  | | Postcode |  |
| Phone | | | | |  | | | | | | Mobile | |  | | | |
| Email | | | | |  | | | | | | Primary Language spoken | | |  | | |
| **Section 3 - Details of Site Manager or Person Delegated by Proprietor *(if different from Proprietor)*** | | | | | | | | | | | | | | | | |
| Full Name *(person’s name)* | | | | | | |  | | | | | | | | | |
| **Position** | |  |  | | Manager | | |  | | Other *(please specify)* | | | | | | |
| Phone | | | | |  | | | | | | Mobile | |  | | | |
| Email | | | | |  | | | | | | Primary Language spoken | | |  | | |

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| **Section 4 – Floor Plan**  This service incorporates the assessment of plans, onsite progress and final inspections. As required under the Public Health and Wellbeing Regulations, floor plans must be submitted prior to registration. The plans must show the dimensions of each bedroom and number of occupants per room. | | | | | | | | | | | | | | | | |
| Will you be making structural alterations or changed to the layout of the premises? | | | | | | | | | |  | Yes | | |  | No | |
| If yes, please describe the structural changes: | | | | | | | | | | | | | | | | |
| **Please attach a copy of the floor plan, drawings should be of a scale not less than 1:100 and include**   1. A detailed floor plan showing the layout of your premises 2. The proposed use of each room, for example laundry, kitchen, bathroom 3. The dimension of each bedroom in metres 4. The maximum number of persons that will be residing in each room 5. Location of communal equipment including washing machines, clothes lines 6. All external buildings on the property 7. Location of the waste disposal area | | | | | | | | | | | | | | | | |
| **Section 5 - Building and Planning Requirements** | | | | | | | | | | | | | | | | |
| Do you require a planning permit? | | | | | | | | | |  | Yes | |  | | | No |
| Do you require a building permit? | | | | | | | | | |  | Yes | |  | | | No |
| Do you have an occupancy certificate? If yes, please attach. | | | | | | | | | |  | Yes | |  | | | No |
| **Section 6 - Premises Details** | | | | | | | | | | | | | | | | |
| Premises Type | | |  | Hotel/Motel |  | Rooming House | |  | | Residential Accommodation | | | | | | |
|  | Hostel |  | Holiday Camp | |  | | Student Dormitories | | | | | | |
| Number of Beds | | |  | | | | | | | | | | | | | |
| Maximum number of occupants | | | | |  | | | | | | | | | | | |
| Proposed duration of stay | | | | | 31 days or less | | | | greater than 31 days | | | | | | | |
| **Section 7 – Declaration** | | | | | | | | | | | | | | | | |
| I, |  | | | | | | making this application declare that | | | | | | | | | |
| the information contained in this application is true and correct in every particular on behalf of | | | | | | | | | | | | | | | | |
|  |  | | | | | | (organisation name of business) | | | | | | | | | |
| Signature | |  | | | | | | | | Date | |  | | | | |
| **What’s Next?** | | | | | | | | | | | | | | | | |
| Once you have lodged your application, an Environmental Health Officer will contact you to discuss your new  business. During construction, you will need to contact the Public Health Unit to arrange progress inspections.  These inspections will assess compliance with the requirements of the Public Health and Wellbeing Act.  **On completion of the fit out a final inspection will be conducted.** | | | | | | | | | | | | | | | | |

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| **Return the Pre-registration form to:** |
| 1. EmailEnvelope**Complete and email signed Pre-registration form to** [council@cgd.vic.gov.a](mailto:council@cgd.vic.gov.a)u 2. **Mail**   Post completed & signed formto:  City of Greater Dandenong  PO BOX 200, Dandenong VIC 3175   1. User**In Person:** Visit a City of Greater Dandenong customer service centre and hand in completed form.   **Dandenong:** 225 Lonsdale Street, Dandenong  **Springvale:** 397-405 Springvale Road, Springvale  **Parkmore:** Shop A7, Parkmore Shopping Centre  Cheltenham Road Keysborough |

***Privacy and your personal information* -** Council is collecting this information for the purpose of considering your application for Registration in accordance with the *Public Health and Wellbeing Act 2008* and to forward to you the relevant information. The information will not be disclosed except as required by law. It may be provided to the Department of Health 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 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.

