

**Council use only**

# Application to transfer a Prescribed Accommodation or Rooming House Premises

Public Health and Wellbeing Act 2008

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

# Council-specific information

Please use this form to notify Cardinia Shire Council of your intent to transfer a prescribed accommodation business under the Public Health and Wellbeing Act 2008.

Note: the transfer is not official until Cardinia Shire Council has approved the application and provided you with a certificate to trade.

# Proposed (new) proprietors’ details

\*Surname \*Given name

*If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Directory of company).*

\*Business name Company name

 *Trust funds are not accepted as a company name.*

Date of birth ABN No \*Please tick appropriate box

 Sole trader ❑ Company ❑ partnership ❑

## Contact details

Please provide at least one phone number

Business phone Home phone Mobile \*Email

## Address

\*Street address

\*Suburb/town \*State \*Postcode

## Postal address

❑ \*Tick if postal address is the same as above; if different please provide details below.

Street address/PO Box

Suburb/town State Postcode

# Proposed premises details

\* Current Trading name of premise

\* New Trading name (if changing)

### Premises address

\*Street address

\*Suburb/town \*State \*Postcode

Primary language spoken at premises (to assist with communication in future)

## Prescribed accommodation details

\*Will the premises provide food to guests and/or the public (e.g. bed and breakfast)? ❑ Y ❑ N
 If yes, you will also need to complete an ‘application to register a food premise’.

\*Please choose a type of accommodation:

❑Residential accommodation ❑ Hotel/motel ❑ Hostel ❑ Bed & Breakfast

❑ Student dormitory ❑ Holiday campus ❑ Rooming house

\*Number of rooms: \*Maximum number of guests accommodated:

# Fee details

|  |  |
| --- | --- |
| **Transfer of Accommodation** | **Fee for July 1, 2025 - June 30, 2026** |
| Prescribed Accommodation and Rooming House | $337.40 (GST exempt) |

# Payment

An invoice will be issued to the proposed new proprietor shortly after the application for transfer form is received at Council’s Health Department. The invoice will include “how to pay” details. The registration cannot be transferred into the proposed new proprietor’s name until a transfer inspection has been conducted by an Environmental Health officer and the fee has been paid.

# 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.

# Proposed new proprietor sign

\*Print applicant’s name \*Print applicant’s name

\*Signature \*Signature

\*Date \*Date

# Existing proprietor sign

\*Print applicant’s name \*Print applicant’s name

\*Signature \*Signature

\*Date \*Date

# Privacy statement

The information gathered in the form is used by Council to process the application.

To view Council's privacy policy, either visit Council's offices or go to Council’s privacy statement located on [www.cardinia.vic.gov.au/privacy](http://www.cardinia.vic.gov.au/privacy)

# Lodgement

You can lodge your form via one of the following methods:

**In person:** 20 Siding Ave, Officer

**Post:** PO Box 7, Pakenham 3810

**Email:** mail@cardinia.vic.gov.au