

# PRESCRIBED ACCOMMODATION PREMISES TRANSFER FORM

## APPLICATION REQUIREMENTS

To submit an application to transfer the registration of an accommodation business, you:

- must understand the relevant fees that apply to your registration.
- consider applying for a premises inspection to determine if there are any issues with the premises prior to settlement.

## APPLICATION FEE

Charge for the premise's transfer fee under the *Public Health & Wellbeing Act 2008*:

**Transfer Fee** \$335.00 (GST exempt)

## LODGEMENT



**EMAIL:**  
[caseycc@casey.vic.gov.au](mailto:caseycc@casey.vic.gov.au)



**IN PERSON:**

**Bunjil Place Customer Service**  
2 Patrick Northeast Drive, Narre Warren



**MAIL:**  
City of Casey  
PO Box 1000,  
Narre Warren, VIC 3805

**Cranbourne Customer Service**  
Shop 156, Cranbourne Park Shopping Centre,  
South Gippsland Highway Cranbourne

*Please refer to the City of Casey website for opening hours.*

## PRIVACY STATEMENT:

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the *Privacy and Data Protection Act 2014*. All personal information collected by the City of Casey will only be used for the purpose outlined within our Privacy Policy. Council's Privacy Policy is available from our website [www.casey.vic.gov.au](http://www.casey.vic.gov.au) and all Council Customer Service Centres. For further information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website [www.casey.vic.gov.au](http://www.casey.vic.gov.au) or by calling on **9705 5200**.

### Contact the City of Casey:

**Web:** [casey.vic.gov.au](http://casey.vic.gov.au)  
**Email:** [caseycc@casey.vic.gov.au](mailto:caseycc@casey.vic.gov.au)  
**Phone:** 03 9705 5200  
**Post:** PO Box 1000, Narre Warren VIC 3805  
**NRS:** 133 677 (for the deaf, hearing or speech impaired)

### Customer Service Centres:

**Narre Warren:** Bunjil Place, Patrick Northeast Drive  
**Cranbourne:** Cranbourne Park Shopping Centre  
**ABN:** 43 320 295 742

EXISTING PROPRIETOR DETAILS:			
Proprietor type:	<input type="checkbox"/> Company	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
Name/s: If the proprietor is a company, provide the company name. If the proprietor is an individual or partnership, provide the name of the person/s.			
Proprietor/s address (registered address if company):			
Suburb:		Postcode:	
Proprietor's postal address (if different from above):			
Suburb:		Postcode:	
Mobile:		Telephone:	
Email:		ACN/ABN:	
Date of Birth (only for individuals applying to register a rooming house that do not have an ABN):			

PROPOSED NEW PROPRIETOR DETAILS:			
Proprietor type:	<input type="checkbox"/> Company	<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership
Name/s: If the proprietor is a company, provide the company name. If the proprietor is an individual or partnership, provide the name of the person/s.			
Proprietor/s address (registered address if company):			
Suburb:		Postcode:	
Proprietor's postal address (if different from above):			
Suburb:		Postcode:	
Mobile:		Telephone:	
Email:		ACN/ABN:	
Date of Birth (only for individuals applying to register a rooming house that do not have an ABN):			

### PREMISES DETAILS:

Trading Name:	
Premises address:	
Suburb:	Postcode:
Name of contact person at premises:	
Mobile:	Business Telephone:
Email:	

### PRESCRIBED ACCOMMODATION DETAILS

Will the premises provide food to guests and/or the public?	Yes	No
<b>If YES, you will also need to register/notify your business under the Food Act 1984. Please contact Council for further information.</b>		
Motel	Residential accommodation	
Hotel	Holiday camp	
Rooming house	Student dormitory	
Labour Hire	Other (please specify):	
Maximum no. of guests accommodated:	Number of bedrooms:	
Number of beds:	Number of toilets:	
Number of showers:	Number of basins:	

### 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 of age at the time of completing this application.

By marking this checkbox and signing below, I confirm that I have read and understood all the statements above.

Existing Proprietor signature/s:	New Proprietor signature/s:
Print Name:	Print Name:
Authority (if on behalf of company):	Authority (if on behalf of company):
Date:	Date:

