

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	\$300.00	GST exempt
---------------------	----------	------------

LODGEMENT



EMAIL:
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 61, Cranbourne Park Shopping Centre

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 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 or by calling on **9705 5200**.

Contact the City of Casey:

Web: casey.vic.gov.au
Email: 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)	

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?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES, you will also need to register/notify your business under the Food Act 1984. Please contact Council for further information.			
<input type="checkbox"/>	Motel	<input type="checkbox"/>	Residential accommodation
<input type="checkbox"/>	Hotel	<input type="checkbox"/>	Holiday camp
<input type="checkbox"/>	Rooming house	<input type="checkbox"/>	Student dormitory
<input type="checkbox"/>	Other (please specify):		
Maximum no. of guests accommodated:		Number of bedrooms:	
<input type="text"/>		<input type="text"/>	
Number of beds:		Number of toilets:	
<input type="text"/>		<input type="text"/>	
Number of showers:		Number of basins:	
<input type="text"/>		<input type="text"/>	

DECLARATION:			
I understand and acknowledge that:			
<ul style="list-style-type: none"> » 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. 			
<input type="checkbox"/>	By marking this checkbox and signing below, I confirm that I have read and understood all the statements above.		
Proprietor signature/s:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Print name:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Authority: (if on behalf of a company)	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Date:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>