

# Application for Registration of Prescribed Accommodation

Public Health and Wellbeing Act 2008



**MORNINGTON  
PENINSULA**  
*Shire*

Proprietor (applicant) details		
Type of proprietor:	Company <input type="checkbox"/>	Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/>
Name of company:	<input type="text"/>	ABN <input type="text"/>
If proprietor is a company, provide the name and position of authority of the person signing this document		
Name:	<input type="text"/>	Authority e.g. Director <input type="text"/>
Name of person (if not a company)		
Title	Family Name	Given names
<input type="text"/>	<input type="text"/>	<input type="text"/>
Proprietor postal address: <i>(includes company address if applicant is a company)</i>		
<input type="text"/>		
Contact numbers (ensure that at least one contact phone number is provided and include the area code):		
Bus	A/H	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mob	<input type="text"/>	
E-mail	<input type="text"/> <i>(must be provided)</i>	
If proprietor is a partnership the above detail needs to be provided for each partner.		
Premises details		
Premises street address and suburb: <input type="text"/>		
Trading name of premises: <input type="text"/>		
Class of Accommodation:		
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Holiday camp	<input type="checkbox"/> Hostel
<input type="checkbox"/> Student dormitory	<input type="checkbox"/> Rooming house	<input type="checkbox"/> Residential accommodation
Total number of persons that can be accommodated .....		
Do you propose to also provide food from the accommodation <input type="checkbox"/> Yes <input type="checkbox"/> No (please tick)		

### Required Supporting Information and Documentation

- Complete all fields on the application form and sign
- Application fee paid or enclosed
- Have you a photo copy of the driver's license (both sides) of proposed proprietor/s?(submit with application)
- If registering under a company name, print out of company detail from ASIC. (submit with application)
- Have you contacted the Shire's Statutory Planning Department to determine if any permits or restriction apply to the property?
- Have you contacted a private Building Surveyor to determine if any permits or restriction or works are required under the Building Code?
- Have you completed a menu and a brief description of your business (submit with application)
- If you propose to sell food have you completed and submitted an application for Food Act 1984 registration?

### Please Note

You are required to notify the Mornington Peninsula Shire in writing if your business practices change.

### Declaration

I understand and acknowledge that the information provided in this application is true and complete to the best of my knowledge and that this application forms a legal document and penalties exist for providing false or misleading information.

Authorised person (on behalf of company)/  
Proprietor (primary contact) signature

Date

Please note that this application for Food Act 1984 registration is NOT a:

1. Planning Permit or Planning Application (Contact the Shire's Statutory Planning Unit)
2. Building Permit or Building Permit Application (Contact the Shire's Statutory Building Unit or a Private Building Surveyor)

Advice should be sought from each Council Unit or Company as required

### Submission application and registration fees

**For current Application Fee: Please Refer to the 'Environmental Health Fee Schedule'**

**Office Use Only:** (Quick Code 007) Amount Paid \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
Date Received \_\_\_\_\_ Registration Number \_\_\_\_\_

### Privacy statement

The information on this form is being collected by the Mornington Peninsula Shire and its authorised contractors in accordance with its Privacy Policy and the Privacy & Data Protection Act 2014 for the purpose of registration of prescribed accommodation premises and providing information to business operators concerning legislative requirements.

You may access personal information you have provided to the Shire at any time and make corrections by contacting the Shire's Privacy Officer [privacy@mornpen.vic.gov.au](mailto:privacy@mornpen.vic.gov.au) The Shire will use this information for the purpose it was collected and may use it for a secondary, related purpose that could be reasonably expected.

Note that variations may apply within classifications depending on the Environmental Health Officer's assessment of risk.

<b>FOOD PREMISES CLASS 1</b> <b>(Independently Audited)</b>	<b>FOOD PREMISES CLASS 2</b>  <b>(Class 2 – Independent Food Safety Program: Class 1 Annual Fee applies)</b>	<b>FOOD PREMISES CLASS 3</b>
Creche	Accommodation Kitchen	Coffee Manufacturer
Hospital Kitchen	Bed & Breakfast	Community Market
Nursing Home	Bakehouse	Confectionery
Retirement Village	Cafe	Convenience Store & Petrol Station
Special Accommodation Kitchen	Caterer	Farm Produce
	Commercial Kitchen	Food Storage
	Delicatessen	Fruit/Vegetable Shop
	Domestic Kitchen	Ice Cream Parlour
	Domestic Premises Commercial	Licensed Grocer
<b>CLASS 4:</b>	Food Factory	Liquor Retailer
SALE OF LOW RISK PRE PACKAGED FOODS ONLY – ANNUAL NOTIFICATION – <b>ZERO FEE</b>	Fruit Juice Manufacturer	Pre Packaged Foods
	Food Vehicle	Wine Bar
<b>REGISTERED CHARITABLE ORGANISATIONS:</b>	Health Food	Winery
approved by the ATO – Proof of Charitable Organisation status may be required	Hotel	Water Carter
<b>ANNUAL REGISTRATION – *ZERO FEE</b>	Licensed Club	
	Licensed Restaurant	
	Market	
	Milk Bar/Takeaway	
	Milk Bar	
	Mixed Business	
	Non Commercial Food Premises	
	Pizza	
	Restaurant	
	School Canteen	
	Supermarket/Grocery	
	Tea Rooms	
	Takeaway Food	
	Takeaway Restaurant	

***If you require any further information please contact an Environmental Health Officer to discuss your risk classification and registration fee.  
Mailing address:  
Private Bag 1000, Rosebud 3939  
or telephone 1300 850 600***