



# APPLICATION FOR REGISTRATION OF PRESCRIBED ACCOMMODATION

PUBLIC HEALTH & WELLBEING ACT 2008  
PUBLIC HEALTH & WELLBEING REGULATIONS 2008

## *To the Mornington Peninsula Shire*

I, the undersigned, hereby apply to register, the premises described hereunder and depicted on the attached floor plan:

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

Address of  
Prescribed Accommodation \_\_\_\_\_  
\_\_\_\_\_

Business Name \_\_\_\_\_

ABN NUMBER \_\_\_\_\_

Telephone (Business) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

Class of Accommodation  Hotel / Motel  Holiday Camp  
 Hostel  Student Dormitory  
 Rooming House  Residential Accommodation

Number of bedrooms available \_\_\_\_\_

Number of beds in each bedroom \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR CURRENT APPLICATION FEE:  
PLEASE REFER TO THE 'ENVIRONMENTAL HEALTH FEE SCHEDULE'**

### INFORMATION PRIVACY COLLECTION STATEMENT

Mornington Peninsula Shire is collecting personal information on this form in accordance with its legislative powers and functions and it will only be used and disclosed in accordance with these powers and functions. You may access the information by contacting Mornington Peninsula Shire.

**Office Use Only:** (Quick Code 007) Receipt Number: \_\_\_\_\_