



Environmental Health Unit
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Application to Transfer Prescribed Accommodation

(Public Health and Wellbeing Act 2008)

DETAILS OF REGISTRATION

I _____, being the proprietor of prescribed accommodation, apply to register the prescribed accommodation for the period ending 31 Dec 2023.

Name of Applicant: <small>(must be person or company name – trading name not acceptable)</small>	
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Date of Birth: <small>(For individual)</small>		ABN: <small>(For business)</small>	
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Postal Address	

Trading Name:	
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Premises Address:	

Class of accommodation:	<input type="checkbox"/> Residential Accommodation	Number of bedrooms available for occupiers on payment of consideration:	
	<input type="checkbox"/> Hotel or Motel		
	<input type="checkbox"/> Hostel	Total number of beds:	
	<input type="checkbox"/> Student Dormitory		
	<input type="checkbox"/> Rooming House		
	<input type="checkbox"/> Holiday Camp		

Contact Person:	
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Business phone:		Mobile:	
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Email:		Preferred Language:	
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New Proprietor Signature:	<input type="text"/>	Date:	<input type="text"/>
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I consent for the Public Health and Wellbeing Act 2008 Registration for the above premises to be transferred to the person named as the applicant above.

Current Proprietor Signature:	<input type="text"/>	Date:	<input type="text"/>
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Privacy Statement: The information collected on this form will be used for administration and enforcement of the Public Health and Wellbeing Act 2008 and will be treated in accordance with the Privacy and Data Protection Act 2014.

Office Use Only			
Application Entered:		EHO area:	
Plans Approved:		EHO Name:	
Application approved:		Registration Number:	