



APPLICATION FOR REGISTRATION OF AN ALPINE PRESCRIBED ACCOMMODATION PREMISES

Section 74 of the *Public Health and Wellbeing Act 2008*

I/We the undersigned, hereby apply to register/renew/transfer under the provisions of the *Public Health and Wellbeing Act 2008* the premises described hereunder and depicted in the floor plan attached lodged with the Falls Creek Alpine Resort Management Board for the year commencing 1 May 2019.

PROPRIETOR DETAILS:	
Name of applicant:	
Address of applicant:	
Authority (e.g. Director of Company):	
Company Name:	
ABN:	ACN:
Postal address (if different from above):	
Contact numbers: Business phone:	Facsimile:
Home phone:	Mobile:
Email:	

PREMISES DETAILS:	
Trading name of business:	
Address of premises:	
Contact person at premises (if not the proprietor):	
Contact numbers: Business phone:	Facsimile:
Home phone:	Mobile:
Email:	

PRESCRIBED ACCOMMODATION DETAILS:

- | | |
|---|--|
| <input type="checkbox"/> Residential Accommodation* | <input type="checkbox"/> Holiday Camp. |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Rooming House** |
| <input type="checkbox"/> Hostel | <input type="checkbox"/> B & B |
| <input type="checkbox"/> Other (specify) _____ | |

Maximum Number of PERSONS to be accommodated _____

Number of BEDROOMS available for occupiers on payment of considerations _____

Number of BEDS in each bedroom (attach separate list if needed) _____

***Residential Accommodation** means any house, building, or other structure used as a place of abode where a person or persons can live on payment of consideration to the proprietor but does not include –

- | | |
|-----------------------------|------------------------|
| (a) A hotel or motel; or | (d) A hostel; or |
| (b) A student dormitory, or | (e) A holiday camp; or |
| (c) A rooming house. | |

****Rooming House** means a building in which there is one or more rooms available for occupancy on payment of rent in which the total number of people who may occupy that room or those rooms is not less than 4.

SUPPORTING DOCUMENTS:

One Copy of a floor plan (scale 1:100), including *the proposed use of each room, must be submitted with this application.*

PAYMENT DETAILS:

Payment details are listed on the invoice.

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 provide false or misleading information
- I am over 18 years at the time of completing this application

By marking this check box, I confirm that I have read and understood all the statements above.

Name of the person completing this application:

Signature of Applicant(s): Date:.....

PRIVACY STATEMENT:

Any personal information disclosed on this form has been collected by the Falls Creek Alpine Resort Management Board (FCARMB) for the provision of the services referred to on this form. This information will be used by the FCARMB and Indigo Shire Council for that purpose or directly related purpose and will not be disclosed to any other party except as required by law.

LODGEMENT:

Please return this application form together with the fee to:

Falls Creek Alpine Resort Management Board,
 Post: PO Box 50, Falls Creek, Vic 3699
 Fax: 03 5758 1200
 Email: landmanagement@falls creek.com.au