

Business Phone () After hours phone () Business Fax () Mobile ()

Email

Proprietor 3 (if applicable)

Title Surname Given Name 1 Given Name 2

ABN ACN

Business Name Company Name

Address

PO Box GPO Box Private Bag Locked Bag RMB RSD

Street Address/ Postal Address

Suburb / Town State Postcode

Please provide at least one phone number and include the area code

Business Phone () After hours phone () Business Fax () Mobile ()

Email

Contact Details (if different from above)

Title Surname Given Name 1* Given Name 2

Address

PO Box GPO Box Private Bag Locked Bag RMB RSD

Street Address/ Postal Address

Suburb / Town State Postcode

Business Phone () After hours phone () Business Fax () Mobile ()

Email

Business Phone After hours phone Business Fax Mobile

Premises Details

Address

Street address / Postal address *

Suburb / Town *

State *

Postcode *

Primary Language Spoken at Premises * *(to assist with communication in the future)*

Prescribed accommodation details

Will the premises provide food to guests and/or the public? *
(e.g. bed and breakfast)

If yes, please complete the Food Related Premises Details

Please detail the type of accommodation * Motel/hotel, holiday camp, hostel, residential accommodation, rooming house, student dormitory or other (please specify)

Maximum number of guest accommodated *

Number of rooms

If you provide accommodation for three or less people and will not be serving food to guest and/or public, you do not need to proceed with this application

Supporting Documents

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

By marking this checkbox I confirm that I have read and understood all the statements above *

Name of person completing this application *

Date *

Signature of person completing this application *

Privacy Statement

The information gathered in the form is used by Council to process the application. To view Council's privacy policy, please either visit Council's offices or go to Council Privacy statement located at: www.alpineshire.vic.gov.au.

Lodgement

If you intend to post or fax this form please use the details provided below:

Alpine Shire Council
PO Box 139
Bright VIC 3741

Telephone: 03 5755 0555
Fax: 03 5755 1811
Email: petera@alpineshire.vic.gov.au
Website: www.alpineshire.vic.gov.au/

Payment Details

How to pay:

By cash, cheque or credit card - If you know the fee to be paid, include payment when delivering the form by post, fax or in person eg cash or cheque.

Payment by credit card - (Visa or Mastercard). Credit Card details to be provided on form or alternatively provide details via phone 03 5755 0555.

REGARDLESS OF HOW YOU CHOOSE TO PAY FOR THE APPLICATION, YOUR APPLICATION WILL NOT BE PROCESSED BY COUNCIL UNTIL REQUIRED PAYMENT HAS BEEN RECEIVED

You are required to accept the following terms and conditions:

Electronic form - document to be scanned to include signature (including any required supporting information) and forwarded to info@alpineshire.vic.gov.au with credit card details.

Print Form - deliver your application (including any required supporting information and necessary payment) to Alpine Shire Council BY FAX, BY POST OR IN PERSON. You are required to sign this form

Fees (GST free):

Prescribed Accommodation Premises

\$210.00 per annum + variable charge \$4.50 per approved bed/person

TRANSFER FEE = 50% ANNUAL FEE



Please charge my Visa/Mastercard:- (please delete as appropriate)

Card Number

Total Amount \$

Expiry Date: /

Signature

Date: / /