



# Application for Registration of Accommodation under the PHWB Act

## Section 1: APPLICANT / PROPRIETOR DETAILS

Name:					
Company / Business Name					
Business Structure IE Partnership					
Postal Address:				Postcode:	
Telephone No. (H)		(W)		(M)	
Email Address:					
ABN		ACN			

## Section 2: BUSINESS DETAILS

Trading Name					
Address:				Postcode:	
Type of Premises					
Number of Beds					
No. of People (MAX)					
Other Details					
Trading Hours					
Water Supply Source		Mains		Private	Other -
Waste-Water Disposal		Mains		Septic	Other -

## Section 6: DECLARATION This form must be signed.

<p>I/We the Applicant wish to apply to register for the year ending 31 December 2021 under the provisions of the Public health and Wellbeing Act 2008 and declare that all information given is true and correct.</p>	<p>Applicant Signature:</p>	<p>Date:</p>
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**PLEASE FORWARD THIS APPLICATION TO**

<b>E-mail:</b>	<a href="mailto:Health@bawbawshire.vic.gov.au">Health@bawbawshire.vic.gov.au</a>	<b>Mail:</b>	Health Department, Baw Baw Shire Council PO Box 304 Warragul VIC 3820
<b>Phone:</b>	5624 2411		
<b>In Person:</b>	Customer Service Centres	1 Civic Place Warragul	OR 33 Young Street Drouin

All information collected and held by Council is managed in accordance with Councils Privacy Policy which is available on our website. If you choose not to supply the requested information it may impair the ability of Council to consider your application or prevent Council from communicating with you in relation to your application.

If you have any concerns or require access to the information held by Council, please contact us on 5624 2411.

<b>Office Use Only</b>					
Registration Number		Date Received		Receipt number	
Notes					