



Application for Registration of Accommodation under the PHWB Act

Section 1: PROPRIETOR DETAILS

Contact Name:							
Company / Business Name (if applicable)							
Business Structure IE Partnership							
Postal Address:	Unit		Street Address				
	Suburb					Postcode:	
Telephone No. (H)				(W)			(M)
Email Address:							
ABN				ACN			

Section 2: BUSINESS DETAILS

Trading Name							
Business Address:	Unit		Street Address				
	Suburb					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 3: DECLARATION This form must be signed.

I/We the Applicant wish to apply to register for the year ending 31 December 2025 under the provisions of the Public health and Wellbeing Act 2008 and declare that all information given is true and correct.	Applicant Signature:	Date:
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PLEASE FORWARD THIS APPLICATION TO

E-mail:	Health@bawbawshire.vic.gov.au	Mail:	Health Department, Baw Baw Shire Council PO Box 304 Warragul VIC 3820
Phone:	5624 2411		
In Person:	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.

Office Use Only					
Registration Number		Date Received		Receipt number	
Notes					