

NEW PRESCRIBED ACCOMMODATION PREMISES PRE APPLICATION FORM

Please complete this form including all details relating to the operation of your business. Once complete, please return to Council's Community Health team by mail at PO Box 156 Ringwood, Victoria 3134 or via e-mail at maroondah@maroondah.vic.gov.au
 If you have any queries please contact Council's Community Health team on 9294 5603.

LOCATION OF PREMISES

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PROPRIETOR DETAILS

Primary Contact Person		Phone No:
Business Trading Name		
Proprietor/Company		
Business Postal Address		
	Suburb	State: Postcode:
Business Phone	Business Mobile	
Business Email		
Proposed Trading Date		

Pre Application Fee (Please tick which is applicable to your business)

Prescribed Accommodation – <i>Hotel / Motel / Residential / Hostel / Holiday Camp / Student Dormitory (select one)</i>	\$180
<i>Number of beds</i>	
Rooming House	\$180
<i>Number of bedrooms</i>	
<i>Number of beds</i>	

- Before we process your application we require the following:**
- Completed New Prescribed Accommodation Premises Pre Application Form
 - Payment of Pre Application Fee
 - Copy of Plans
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Privacy Statement
 Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy & Data Protection Act 2014 and the Health Records Act 2001. The information you provide on this form is being collected by Maroondah City Council for the strict purpose of conducting Council business. Your information will not be disclosed to any external party without your consent, unless Council is required or authorized to do so by law. Failure to provide the information requested may make you ineligible to receive the service or be part of an event/function that is the subject of this form. Any access to the information, amendments that may be required or any privacy enquiries may be directed to Council's Privacy Officer & Health Records Officer on 9298 4211 or email – privacy@maroondah.vic.gov.au

Payment can be made by

- **cheque** (cheques made payable to Maroondah City Council)
- **cash or EFTPOS/Credit Card** at any Council Office or Service Centre
- **online** – by prior arrangement (please call 9294 5603)

AMOUNT PAYABLE \$ 180.00

OFFICE USE ONLY			
Prepayment _____	Receipt Number _____	Amount Paid _____	Date _____
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CASHIER CUT OFF			
LC	PP/HLTH	Narrative – Location of Premise	Cash / Cheque / EFTPOS
Receipt Number _____		Amount _____	