

## 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](mailto: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)

|  |              |
|--|--------------|
| <b>Prescribed Accommodation –</b><br><i>Hotel / Motel / Residential / Hostel / Holiday Camp / Student Dormitory (select one)</i> | <b>\$198</b> |
| <i>Number of beds</i>  |              |
| <b>Rooming House</b>   | <b>\$198</b> |
| <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 | <input type="checkbox"/> | Copy of Plans | <input type="checkbox"/> |
| Payment of Pre-Application Fee                                       | <input type="checkbox"/> |               |                          |

### Privacy Statement

"Maroondah City Council is committed to protecting your privacy as prescribed by the Privacy and 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 to do so by law or it is part of the Council business that is being undertaken. 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 and Health Records Officer on 1300 88 22 33 or email - [privacy@maroondah.vic.gov.au](mailto:privacy@maroondah.vic.gov.au)"

### Payment can be made by

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

**AMOUNT PAYABLE \$ 198.00**

### OFFICE USE ONLY

|                        |                      |                                 |                        |
|------------------------|----------------------|---------------------------------|------------------------|
| Prepayment _____       | Receipt Number _____ | Amount Paid _____               | Date _____             |
| ✂-----                 |                      |                                 |                        |
| <b>CASHIER CUT OFF</b> |                      |                                 |                        |
| LC                     | PP/HLTH              | Narrative – Location of Premise | Cash / Cheque / EFTPOS |
| Receipt Number _____   |                      | Amount _____                    |                        |