Application to Transfer the Registration of a Prescribed Accommodation Premises

Public Health and Wellbeing Act 2008

2026

Council Specific Information

Please use this form to apply to Knox City Council to transfer the registration of a prescribed accommodation premises. The transfer of registration is not official until Council has approved the application.

Existing Proprietor Details

Type of Proprietor: ❑ Company ❑ Person ❑ Partnership

Name of Proprietor(s): ACN/ABN:

Address of Proprietor(s):
(Registered address if a company)

Suburb: State: Postcode:

Date of Birth of Proprietor/s:

Contact details: Bus: Fax: Mob:

Email:

New Proprietor Details

Type of Proprietor: ❑ Company ❑ Person ❑ Partnership

Name of Proprietor(s): ACN/ABN:

Address of Proprietor(s):
(Registered address if a company)

Suburb: State: Postcode:

Postal address:
(if different to above)

Suburb: State: Postcode:

Date of Birth of Proprietor/s:

Contact details: Bus: Fax: Mob:

Email:

Date new proprietor will take over the premises: / /

Would you like to receive correspondence by email? ❑ Yes ❑ No

Premises Details

Premises address:

Suburb: State: Postcode:

Will the trading name remain the same? Yes ❒ No ❒ (if no, please write the new trading name below)

New trading name of premises (if applicable):

Owner of premises): Title Family Name Given Name/s

Primary language spoken at premises:

Contact details for premises : Title Family Name Given Name/s

Bus: Fax: Mob:

Email:

Prescribed Accommodation Details

Will the premises provide food to guests and/or the public? ❑ Yes ❑ No *If yes, please also complete an Application to Register a Food Premises*

Please indicate the type of accommodation premises:

❑ Motel/Hotel ❑ Holiday Camp ❑ Other (please specify below)

❑ Rooming House ❑ Student Dormitory

❑ Hostel ❑ Residential Accommodation

Maximum number of guests accommodated: Number of rooms:

***Please note - if you provide accommodation for three or less people and will not be serving food to guests and/or the public, you do not need to proceed with this application*

Payment Details and Lodgement

The applicable transfer fees are listed below and are valid from **1 January 2026 to 31 December 2026** (GST Exempt)

The fee to register a prescribed accommodation premises is dependent on the number of residents.

Up to 12 residents: $885.00 More than 12 residents: $1,455.00

- Payment by cash/cheque/eftpos/telephone (cheque made payable to Knox City Council. Payment reference required for telephone payments – located on invoice)
- Online payment is available at www.knox.vic.gov.au. Click on Make a Payment, then Food & Health Renewal Registration and follow the prompts. Refer to your invoice for your online payment reference.
- Please note, your invoice must be attached to this completed form when submitting.

If you intend to post or fax this form, please use the details provided below:
Knox City Council, 511 Burwood Highway, Wantirna South, VIC, 3152
Telephone: 03 9298 8000 Fax: 03 9298 8252 Email: health.services@knox.vic.gov.au

Once all completed paperwork & payment has been received by Council's Health Services Department and if the premises is compliant as per the Public Health and Wellbeing Act 2008, the transfer will be completed within 28 days from the take over date. Timings may differ if the premises is subject to a works program approved by Knox City Council's Health Services Department.

Declaration

I understand and acknowledge that:

- The information provided in this application is true and complete to the best of my knowledge
- This application form is a legal document and penalties exist for providing false or misleading information
- I am over 18 years of age at the time of completing this application

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association - the authorised person on behalf of that body must sign and print their name.

❑ **By marking this checkbox & signing below, I confirm that I have read and understood all the statements above**

Signature of **Existing** Proprietor

Print Name

Authority (if signing on behalf of a company)

Date

Signature of **Existing** Proprietor

Print Name

Authority (if signing on behalf of a company)

Date

Signature of **New** Proprietor

Print Name

Authority (if signing on behalf of a company)

Date

Signature of **New** Proprietor

Print Name

Authority (if signing on behalf of a company)

Date

Privacy Statement

Council is collecting the information on this form for the purpose of administration and enforcement of the *Public Health and Wellbeing Act 2008*. The information will be used solely by Council for the primary purpose or directly related purposes. As required under the *Public Health and Wellbeing Act* 2008 this information will be kept in a database. To view Council's privacy policy, please either visit Council's offices or go to www.knox.vic.gov.au