



Transfer of registration of prescribed accommodation

Fee: \$104

I/we the undersigned hereby apply to transfer the registration under the provisions of the Public Health & Wellbeing Act 2008.

Current MRSC Registration
No: _____

Date of transfer: _____

Trading name of premises: _____

Type of premises: _____

Premises details

Address: _____

Town: _____

Postcode: _____

Contact person: _____

Telephone: _____

Mobile: _____

Fax: _____

Email: _____

Trading name of premises (if any): _____

Number of bedrooms available: _____

Number of people to be accommodated: _____

Type of prescribed (business) accommodation:

residential
accommodation

holiday camp

hotel/motel

rooming house

student dormitory

hostel

Other (specify below)

Privacy

The collection and handling of personal and health information is in accordance with Council's Privacy Policy which is displayed on Council's website, mrsc.vic.gov.au/privacy and available for inspection at or collection from Council's customer service centres.

