



South Gippsland
Shire Council

Prescribed Accommodation Premises Establishment Form

Public Health & Wellbeing Act 2008

Applicant Name: _____

Proposed Trading Name: _____

Proposed Premises Address: _____

Suburb: _____ Postcode: _____

Applicant's Postal Address (If different from above): _____

Business Phone: _____

Mobile: _____

Home Phone: _____

Email: _____

Type of Accommodation (please tick):

- ☐ Residential Accommodation
- ☐ Hotel/Motel
- ☐ Hostel
- ☐ Student Dormitory Holiday Camp
- ☐ Rooming House
- ☐ Labour Hire Accommodation
- ☐ Other

Accommodation Details (please complete):

Will food be provided at the premises? (Breakfasts, hampers, etc) ☐ Yes ☐ No

Is the accommodation self contained? (bathroom, kitchen, bedroom, etc) ☐ Yes ☐ No

Length of stay – less than 31 days/more than 31 days _____

Total number of bedrooms _____

Maximum number of occupants _____

Total number of toilets _____

Total number of showers _____

Total number of baths _____

Total number of washbasins _____



*South Gippsland
Shire Council*

Floor Plans:

Please attach your floor plans when submitting this form.

A detailed floor plan, drawn to scale of not less than 1:00. The plan must clearly indicate the type and location of all proposed fittings and fixtures, as well as detailing the finishes to all floors, walls and ceilings.

The premises floor plans must clearly show the following:

- Proposed use of each room;
- Beds;
- Toilets;
- Showers; and
- Washbasins

For rooms used for sleeping:

- Maximum number of people residing in each room ;
- Floor area in square metres of each room

Council's Environmental Health Officer will provide feedback on the plans to ensure compliance with the Public Health and Wellbeing Act 2008 and Public Health and Wellbeing (Prescribed Accommodation) Regulations 2020.

You may also wish to contact Council's Environmental Health Team to arrange an officer to conduct an onsite inspection to discuss your proposal.

I, the undersigned, hereby submit this establishment application for consideration.

Signature: _____

Print Name: _____

Date: _____