

# Shared Accommodation Premises Registration

Boarding House Act 2012 and Local Government Act 1993

OFFICE USE ONLY	
Reference No.	

## About this form

Use this form to register your place of shared accommodation business premises or to make changes to a registration for an existing shared accommodation business premises.

Proposal (ch	oose <u>One</u> Only)								
□ New Busines	s 🗆 New Proprie	etor 🗆 C	hange of T	rading	Name	□ Other			
Applicant de	etails								
Title:	□ Mr	$\Box$ N	Irs		∃ Ms		□ Other		
First Name:				F	Family	Name:			
Trading Name (	if applicable):								
Company Name	e (if applicable):								
ABN/ACN (if ap	plicable):								
Mailing Address	:								
Suburb:					State:		Post Code:		
Email Address:									
Daytime Teleph	one No. (Home/W	ork):			Mob	ile No:			
Property De	ails								
Lot No(s):	lano		Section:			DP/SP Number			
Unit No:			treet No:			Street Name:			
		3	lieel NO.			Street Name.	Doot Codo:		
Suburb:							Post Code:		
Business/Tradir	iding name pre	emises de	etails						
ABN/ACN:									
Company Conta	act Name:								
Mailing Address	:								
Suburb:					State:		Post Code:		
CM reference: <b>25/20</b>	2840   Last updated: 01/07	/2025							1/3
Postal address PO Box 21, Rockdale ABN 80 690 785 443	NSW 2216 Rock	side Custome dale Library, 44 gardens Library	4-446 Princes	Highway		e nerong Road, Eastga	T <b>1300</b>	w.bayside.nsw.gov. 581 299	.au

**Telephone Interpreter Services: 131 450** Τηλεφωνικές Υπηρεσίες Διερμηνέων بخدمة الغرجمة الهاتفية 電話傳譯服務處 Служба за преведување по телефон

	ing Development Certificate Details
Daytime Telephone No. (Home/Work):	Mobile No:
Email Address:	

## **Development Consent or Complying Development Certificate Details**

## **Supporting Documentation**

		Applicant Use			Office Use	
	Yes	No	Exempt	Yes	No	
1. Development or Consent Documentation						

## **Declaration**

• I declare that the information given is true and correct.

• I understand that if incomplete, the application may be returned to me, delayed, rejected or more information may be requested within 21 days of lodgement.

Applicant's Signature

Date

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CM reference: 25/202840 | Last updated: 01/07/2025

### How to lodge this application

You can lodge your completed application form and any required supporting documents:

#### In person

At any of Council's Customer Service Centres:

- Rockdale Customer Service Centre: 444-446 Princes Highway, Rockdale NSW 2216
- Eastgardens Customer Service Centre: Westfield Eastgardens, 152 Bunnerong Road, Eastgardens NSW 2036

#### By mail

Post to Bayside Council: PO Box 21, Rockdale NSW 2216 with payment via cheque or money order (do not send cash)

#### By email

By email to council@bayside.nsw.gov.au.

Do not include credit or debit card details on your application. If lodged via email, a Council Customer Service Officer will phone to organise a secure over the phone payment using a credit card.

# Payment is preferred by cheque, money order, debit or credit cards (Visa and Mastercard). Payments made using a credit card will incur a service fee of 0.5%

### **Privacy notification**

Completion of this document is voluntary - partially completed applications may result in refusal of the application. The personal information provided on this form (including your name and other details) will be handled in accordance with the Privacy and Personal Information Act 1998 and may be available to the public under various legislation

# OFFICE USE ONLY

Receipt No

Date

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