

SCHEDULE 1 – FORM 3 REGULATION 15 RESIDENTIAL TENANCIES ACT 1997

NOTICE OF TRANSFER OF OWNERSHIP OF A CARAVAN PARK

To: Greater Bendigo City Council

CURRENT VENDOR

(full name of registered caravan park owner)

I

(residential address)

of

(name of caravan park)

the holder of a certificate of registration of

(address of caravan park)

situated at

(name of caravan park)

provide notice that ownership of

has been transferred to:

Signature of Current Vendor

PROPOSED NEW PROPRIETOR

* ALL SECTIONS OF THIS FORM MUST be completed to process your application.
Please return completed form together with transfer fee.

Full name of Proposed NEW Proprietor/Licencee	<input type="text"/>	
Mailing Address of Proposed NEW Proprietor/Licencee	<input type="text"/>	
Contact details	Phone	Mobile
	Email	
Name of Caravan Park	<input type="text"/>	
Address of Caravan Park	<input type="text"/>	
Caravan Park Contact details	Phone	Mobile
	Email	
Number of long term sites	<input type="text"/>	
Number of short term sites	<input type="text"/>	
Number of camp site	<input type="text"/>	

Full names MUST be printed clearly

NEW PROPRIETOR

Name Signature Date / /20

PROPOSED TRANSFER DATE

Application to transfer MUST be submitted 15 business days prior to settlement. A Certificate of Transfer will be issued once settlement has occurred. Proof of settlement MUST be in writing in order to release certificate.

(Please allow a minimum of 15 business days for processing) **PROPOSED SETTLEMENT DATE** / /20

Last updated: 26 June 2019

OFFICE USE ONLY			
Fee Payable:	Licence No:		
Receipt No:	Date Paid:	Amount Paid:	

Letter of Consent Consent to release information

Mr C Niemann
Chief Executive Officer
City of Greater Bendigo
PO Box 733
BENDIGO VIC 3552

Dear Sir

(Current proprietor)

I/we

(Residential address)

of

Being the current proprietors/licencee of the following premise known as

Business Trading Name

Business Address/Location

HEREBY CONSENT to the City of Greater Bendigo disclosing information and documents obtained from me and/or via an inspection of the premise by the Environmental Health Officers of the City of Greater Bendigo to _____ *(insert name of prospective purchaser)* for the above business.

DATED the _____ day of _____ 20 _____

I am the proprietor

OR

I am authorised to complete & sign this letter of consent on behalf of the registered company

Full name of person completing this form

Signature

If signing on behalf of a company, please specify your position

Contact Phone Number for current proprie

Return to: Environmental Health Services
"The Mill" 15 Hopetoun Street, Bendigo
PO Box 733, Bendigo Vic 3552

 (03) 5434 6333

Email: health@bendigo.vic.gov.au