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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Questions are followed by answer fields. Use the ‘Tab’ key to navigate through. Replace Y/N or Yes/No fields with your answer. | | | | | | | | | | | | | | | | | | | |
| All commercial visitor accommodation businesses in the Northern Territory (NT) must be registered.  An application fee must be paid for each premise you register. This fee is not refundable if your application does not proceed or is withdrawn.  Allow 30 days for the processing of your registration.  Before you fill in the form  You should discuss your proposal with your closest environmental health office.  Top End region, email [envirohealthte@nt.gov.au](mailto:envirohealthte@nt.gov.au) or call 08 8922 7377.  Central Australia region, email [envirohealthca@nt.gov.au](mailto:envirohealthca@nt.gov.au) or call 08 8955 6122.  Privacy statement  The Northern Territory Government values and is committed to protecting your privacy. Your personal information is kept in accordance with the information privacy principles in the [Information Act 2002](https://legislation.nt.gov.au/Legislation/INFORMATION-ACT-2002).  Read the privacy policy on the [Department of Health website](https://health.nt.gov.au/freedom-of-information). | | | | | | | | | | | | | | | | | | | | |
| Fields marked with an asterisk (\*) are mandatory. | | | | | | | | | | | | | | | | | | | | |
| Proprietor’s details | | | | | | | | | | | | | | | | | | | | |
| Proprietor is the applicant and is the default contact for any premises or location.  If you have additional proprietors, attach a separate form. | | | | | | | | | | | | | | | | | | | | |
| Company name\* | | | | |  | | | | | | | | | | | | | | | |
| ACN\* | | | | |  | | | | | | | | | | | | | | | |
| Identification type\* | | | | |  | | | Identification number \* | | | | | | | | | |  | | |
| Given name\* | |  | | | | | | Family name\* | | | | | |  | | | | | | |
| Phone number\* | | | | |  | | | Mobile number\* | | | | | | | | | |  | | |
| Email address\* | | | | |  | | | | | | | | | | | | | | | |
| Postal address\* | | | | |  | | | | | | | | | | | | | | | |
| Suburb\* | | | | |  | State or Territory\* | | | | | |  | | | Post code\* | | | | |  |
| **Premises details** | | | | | | | | | | | | | | | | | | | | |
| You must enter details about each of your business locations. | | | | | | | | | | | | | | | | | | | | |
| Trading name\* | | | | |  | | | | | | | | | | | | | | | |
| Address\* | | | | |  | | | | | | | | | | | | | | | |
| Suburb\* | | | | |  | State or Territory\* | | | | | |  | | | Post code\* | | | | |  |
| Site manager’s details | | | | | | | | | | | | | | | | | | | | |
| Given name\* | | | | |  | | | | | | Family name\* | | | | |  | | | | |
| Phone number\* | | | | |  | | | | | | Mobile number\* | | | | |  | | | | |
| Email address\* | | | | |  | | | | | | | | | | | | | | | |
| **Water supply** | | | | | | | | | | | | | | | | | | | | |
| You have a responsibility under the [Public and Environmental Health Regulations 2014](https://legislation.nt.gov.au/Legislation/PUBLIC-AND-ENVIRONMENTAL-HEALTH-REGULATIONS-2014) to demonstrate you have a potable water supply.  Microbiological testing must be done every 12 months and chemical testing every 5 years.  For more information, read [private water supplies for business](https://nt.gov.au/industry/hospitality/accommodation-and-food-businesses/private-water-supplies-businesses)es or contact the Public Health Unit. | | | | | | | | | | | | | | | | | | | | |
| Does the premises use water from a private water supply?\* | | | | | | | | | | | | | | | | | | | Yes/No | |
| If yes, attach test the results to the application. | | | | | | | | | | | | | | | | | | | | |
| If applicable, have you attached your microbiological test results? | | | | | | | | | | | | | | | | | | | Yes/No | |
| If applicable, have you attached your chemical test results? | | | | | | | | | | | | | | | | | | | Yes/No | |
| **Wastewater disposal** | | | | | | | | | | | | | | | | | | | | |
| For businesses that are not connected to reticulated sewerage, indicate with an **‘X’** the type of onsite wastewater system that is used at the premises: | | | | | | | | | | | | | | | | | | | | |
| Septic System | | |  | | | | Aerated wastewater treatment system | | | | | | | | | | | |  | |
| Other | | |  | | | | | | | | | | | | | | | | | |
| **Description and fit-out of premises** | | | | | | | | | | | | | | | | | | | | |
| Is this application for a newly constructed premise? | | | | | | | | | | | | | | | | Yes/No | | | | |
| If yes, you must provide a scaled drawing (not less than 1:100) of the premises, including bedrooms and ablution facilities. | | | | | | | | | | | | | | | | | | | | |
| Information about the premises must include the following: | | | | | | | | | | | | | | | | | | | | |
| Number of bedrooms | | | | | | | | | | | | | | | |  | | | | |
| Number of toilets | | | | | | | | | | | | | | | |  | | | | |
| Number of showers/bathing facilities | | | | | | | | | | | | | | | |  | | | | |
| What is the date you intend to start trading?\* (for new businesses only) | | | | | | | | | | | | | | | |  | | | | |
| Provide a short description of the business and its operation, including normal trading hours, normal trading periods (for seasonal businesses) and the maximum number of guests that can be accommodated. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| **Fees** | | | | | | | | | | | | | | | | | | | | |
| Fees are expressed as revenue units and are adjusted each financial year in line with increases in Darwin consumer price index. All fees are GST exempt. Find out about [revenue units](https://nt.gov.au/employ/money-and-taxes/taxes,-royalties-and-grants/territory-revenue-office/revenue-units) and how to calculate your payment amount. | | | | | | | | | | | | | | | | | | | | |
| **Type of business** | | | | | | | | | **Revenue units** | | | | | | | | **Registration term** | | | |
| Commercial visitors accommodation | | | | | | | | | 250 | | | | | | | | 5 Years | | | |
| **Payment and submission** | | | | | | | | | | | | | | | | | | | | |
| Fees can be paid over the phone, or in person at your nearest Receiver of Territory Monies (RTM) office. You must provide the premesis trading name to RTM to ensure the details on your payment (receipt) match the details on your application form. | | | | | | | | | | | | | | | | | | | | |
| RTM Darwin  Ground Floor, Manunda Place  38 Cavenagh Street  GPO Box 199  Darwin NT 0801  Phone: (08) 8999 1606  Email: <rtmdarwin@nt.gov.au> | | | | | | | | | | RTM Alice Springs  1st Floor, Alice Springs Plaza  Todd Street Mall  PO Box 4037  Alice Springs NT 0871  Phone: (08) 89516491  Email: [rtmalice@nt.gov.au](mailto:rtmalice@nt.gov.au) | | | | | | | | | | |
| Once you’ve received confirmation of payment to RTM please submit this application to the nearest Environmental Health office. | | | | | | | | | | | | | | | | | | | | |
| EH Top End  Floor 2B, Casuarina Plaza  238 Trower Rd, Casuarina NT 0810  GPO Box 40596, Casuarina NT 0811  Phone: (08) 8922 7377  Email: [envirohealthte@nt.gov.au](mailto:envirohealthte@nt.gov.au) | | | | | | | | | | EH Central Australia  Peter Sitzler building  67 Stuart Highway, Alice Springs NT 0870  GPO Box 721, Alice Springs NT 0871  Phone: (08) 8955 6122  Email: [envirohealthca@nt.gov.au](mailto:envirohealthCA@nt.gov.au) | | | | | | | | | | |
| **Declaration** | | | | | | | | | | | | | | | | | | | | |
| I hereby declare that the information contained in this application, or attached to this application, is accurate and correct to the best of my knowledge. | | | | | | | | | | | | | | | | | | | | |
| Full name\* | | | |  | | | | | | | | | Date\* | | | |  | | | |
| Further information  |  | | --- | | Email your completed form to your closest environmental health office.  For Top End region, email [envirohealthte@nt.gov.au](mailto:envirohealthTE@nt.gov.au) or call 08 8922 7377.  For Central Australia region, email [envirohealthca@nt.gov.au](mailto:envirohealthCA@nt.gov.au) or call 08 8955 6122. | | End of form | | | | | | | | | | | | | | | | | | | | | |
| End of form | | | | | | | | | | | | | | | | | | | | |