273 Main Street (PO Box 1618)
Bairnsdale VIC 3875
Website www.eastqippsland.vic.qov.au
Email feedback@eqipps.vic.qov.au
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Telephone: (03) 5153 9500 Fax: (03) 5153 9576 National Relay Service: 133 677 ABN: 81 957 967 765

Tourist Accommodation Signing Application Form

Please use the **Tourist Signing Guidelines** booklet (which can be found on VicRoads website) for details of the eligibility criteria, necessary supporting information and advice on completing this application form.

There are specific criteria that apply for different types of tourist attractions and these are outlined in Section 2 of this application form.

NOTE: To be favourably considered for signing, applicants must demonstrate that they meet all of the relevant criteria. Please provide as much detail as possible, including documentary evidence and supporting material, to demonstrate that all eligibility criteria are met in ALL relevant parts of the application form. If insufficient space in provided on the application form, please attach additional pages as required.

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| 7c. Are there approved? | c. Are there any existing signs which will become redundant and/or could be removed if new signs are pproved? | | | |
|-------------------------|---|-------------------------------------|---|--|
| | Yes 🗌 | No 🗌 | If yes please give details: | |
| Question 8. I | s the facility | entrance locat | ted on a declared road? | |
| | Yes 🗌 | No 🗌 | If yes please give details: | |
| Question 9. | Other Touris | m Facilities in | the Area | |
| 9a. Are there | any other tou | rism facilities in | the vicinity that could benefit from a group signing scheme? | |
| | Yes 🗌 | No 🗌 | | |
| 9b. Please giv | ve details of o | ther tourism fac | cilities in the vicinity: | |
| 9c. Do these | facilities alrea | dy have tourist | or services signs? | |
| 9d. If no, do y | ou consider t | hat these facilition | es are likely to be interested in tourist or service signs in the future? | |
| | Yes 🗌 | No 🗌 | , o | |
| | te if there are | any other touris | ocated at the Site sm facilities located at the site | |
| If yes please | Yes give name an | No d brief description | on of the nature of the other facilities | |
| | | | | |
| | give brief deta | and promotion ils of your target | al Activities t audience and how you promote your business to visitors from outside | |
| | | | | |

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| 11b. Please provide evidence and key examples of promotional literature, together with details of where this is distributed: | | | | | |
|--|---------------|--------------------------------------|---|--|--|
| | | | | | |
| 11c. Do you ha | ave a website | e for your busin | ess? | | |
| | Yes 🗌 | No 🗌 | If yes, how is it promoted? | | |
| 11d. Are detail | | | g opening times and directions, available to visitors at the nearest | | |
| | Yes 🗌 | No 🗌 | If yes, please give details? | | |
| | the normal of | _ | of the tourist accommodation. Give full details of day of the week, hours lidays. | | |
| | | | · | | |
| Question 14. | - | | vithout prior booking during normal open times? | | |
| | Yes | No 🗌 | If yes please give details: | | |
| | | Service Trainin f your visitor co | g ntact staff undertaken appropriate customer service training? | | |
| | Yes 🗌 | No 🗌 | If yes please give details and submit evidence: | | |
| | | | | | |

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Question 16. Prior Consultation

| Have you consulted with a Council or Vi | cRoads' signing officer prior to submitting this application? |
|--|--|
| Yes No No | If yes please give details and submit evidence |
| | |
| Question 17. Licences and Approvals | 5 |
| Please provide evidence of relevant lice the original town planning permit and an | ences and approvals to operate as an establishment, including a copy of my subsequent amendments. |
| Question 18. Local/Regional Tourism | Association Membership |
| Is your business a paid member of a loc | al or regional tourism association? |
| Yes No No | If yes please give details: |
| | |
| Question 18. Tourism Accreditation Has your accommodation facility gained endorsed by the Australian Tourism Acc | I tourism accreditation through a program formally recognised and creditation (ATAA)? |
| Yes No No | If yes please give details: |
| | |

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Section 2: Please complete if relevant to your accommodation

Caravan Parks Does your caravan park provide a mixture of accommodation, powered caravan suites and camping sites? Yes No 🗌 If yes please give details: Is the facility operated and maintained by an onsite manager 7 days per week? No \square Yes If yes please give details: Does the facility provide bed linen and towels? No Yes If yes please give details: **Bed & Breakfast Establishments** Yes No Do you provide on-site management? If yes please give details: **Camping Areas** No \square Yes 🗌 Is the camping area serviced by fresh water for drinking purposes? If yes please give details: No 🗌 Yes Are toilets provided in the camping area? Farmstays / Host Farms Please describe the farm experience offered to clients: