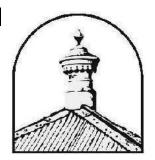
Charters Towers Regional Council

12 Mosman Street, Charters Towers PO Box 189, Charters Towers QLD 4820

Telephone 07 4761 5300 Facsimile 07 4787 5344

Email mail@charterstowers.qld.gov.au Website www.charterstowers.qld.gov.au



Local Government Act 2009

Operation of Camping Ground or Caravan Park Transfer

Local Law 1 (Administration) 2011

Application for Transfer of a Camping Ground or Caravan Park Licence

Subordinate Local Law 1.8 (Operation of Caravan Parks) 2011 & Subordinate Local Law Application is for 1.6 (Operation of

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Operation of Camping Ground - Transfer	Fee \$
	E00 ¢

Camping Grounds)	Operation of Camping Ground - Transfer	Fee \$				
2011	Operation of Caravan Park - Transfer	Fee \$				
	Transferor details					
Insert details of current proprietor/s.	Title (eg. Mr, Mrs, N	Miss etc.)				
proprietor/s.	Family name					
	Given names					
	Position					
	I hereby consent to the transfer of the licence to the applicant/s detailed in the transferee section.					
	Signature	Date				
	Title (eg. Mr, Mrs, N	/liss etc.)				
	Family name					
	Given names					
	Position					
	I hereby consent to the transfer of the licence to the applicant/s detailed in the transferee section.					
	Signature	Date				
	Transferee/s details					
Insert full name/s of proposed transferee/s.	Title (eg. Mr, Mrs, N	Aiss etc.)				
	Family name					
	Given names					
	Position					
I certify that I am the person named in the transfer application as the proposed transferee/s and I consent to the application being made.						
	Signature	Date				

Title (eg. Mr, Mrs, Miss etc.) Family name Given names Position I certify that I am the person named in the transfer application as the proposed transferee/s and I consent to this

application being made. Signature Date

	Contact details					
Select as applicable.	☐ Business ☐ Private					
	Contact person					
	Postal address					
	1 Ostal additos					
	Locality / Suburb	Postcode				
	Contact ph.	Mobile				
	Contact fax	Email				
	Park details					
	I / We being the holder/s of the licence					
Business name must be registered with Fair	Business name	BN				
Trading. If applicant is a company,	Company name	ACN / ARBN				
insert company name and ACN / ARBN.						
Please state current address of camping						
ground or park.	Locality / Subuib	State	rostcode			
	Contact ph.	Mobile				
Occupation Occupant	Contact fax	Email				
Camping Ground / Caravan Park Licence no.	Licence no.	Exp	piry date			
	hereby make application for the train	nsfer of that licence to:				
Business name must be registered with Fair	Business name		BN			
Trading If applicant is a company,	Company name	ACN / ARBN				
insert company name and ACN / ARBN.	Street address					
Please state current address of camping	Locality / Suburb	State	Postcode			
ground or park.	Destal address					
	Postal address					
Enter postal address if different from street	Locality / Suburb State		Postcode			
address.	Contact ph.	Mobile				
	Contact fax	Email				
Real property description - refer to Rates Notice.	Lot no.	Reg. plan no.	Parish			
- refer to reales notice.	Total no. sites	No. unpowered sites	No. cabins			
	No. caravan sites	No. tent sites				
	Manager's name					
	Is the manager's residence provided?					
	Is there a kiosk provided?					
	Is there an office provided?					

	Owner/s consent	Owner/s consent				
This is the name and address of the owner/s of	Name					
the premises. If there are	Street address					
additional owners, please attach additional owner	Otrect address					
information to this form.	Locality / Suburb			State Postco	de	
	Comtact ab	Mahila				
	Contact ph.		Mobile			
	Contact fax	Email	this application	n, hereby consent to the afore me	ntioned applicant/s	
	making this application.	described ii	τιτισ αρριισατισι	i, nereby consent to the alore me	miorica applicantos	
	Signature Date					
	Amenities					
	Amenities	Male	Female	No. baby baths	1	
	No. toilets	Walc	Tentale	No. laundry tubs		
	No. showers			No. washing machines		
	No. hand basins			No. ironing boards		
	Disabled facilities (AS 1428)			No. clothes lines		
	100					
	Water supply		_	_		
	Town water		Chlorinated	Non-chlori	nated	
	Other (please specify)					
	Lodgement					
	Please attach the following (if app	plicable):				
	A copy of the additional owner/s consent. This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s.					
	An evacuation plan.					
	 The name and address of the proposed resident manager of the camping ground / caravan park and the propose resident manager's written agreement accepting the responsibilities of resident manager of the camping ground / 					
	caravan park.	مام سمينسم ا	by the lead gov	aramant.		
	4. Other information and materials required by the local government.					
	Please note: This application and fee MUST be lodged with your Council					
	Privacy Statement The information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application/request. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the <i>Right to Information Act 2009</i> and <i>Information Privacy Act 2009</i>). This information will be stored on Council's database. The information collected will be retained as required by the <i>Public Records Act 2002</i> .					
	Office use only					
	Application fee			Reg. no.		
	Receipt code			ID no.		
	Authorised officer			Inspection date		
	Recommendation					
	Rec. no.					
	Date	/	/	Account property no.		