

# Cook Shire Council

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*Local Government Act 1993*

*Local Law No. 22 (Camping Grounds and Caravan Parks)*

## Camping Ground and Caravan Park - Transfer

### Application for Transfer of a Camping Ground or Caravan Park Permit

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.

#### Application is for

Camping Ground and Caravan Park - Transfer (Permit no.: \_\_\_\_\_)

**Insert details of current proprietor/s.**

#### Transferor/s details

Title      Mr     Mrs     Ms     Miss     Other (specify)

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      Mr     Mrs     Ms     Miss     Other (specify)

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  /  /

**Insert full name/s of proposed transferee/s.**

#### Transferee/s details

Title      Mr     Mrs     Ms     Miss     Other (specify)

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  /  /

Title      Mr     Mrs     Ms     Miss     Other (specify)

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  /  /

This is the name and address of the proposed resident manager of the camping ground / caravan park.

## Manager details

Name		
Street address		
Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact ph.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact fax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email <input type="text"/>
I accept the responsibilities of resident manager of the camping ground / caravan park.		
Signature	Date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Correspondence from Council will be sent to the contact person.

## Contact details

As per Applicant/s     As per Manager     Other (specify below):

Contact person		
Postal address		
Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact ph.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact fax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email <input type="text"/>

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN. Please state current address of camping ground or park.

## Park details

I / We being the holder/s of the licence

Business name	BN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company name	ACN / ARBN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address of park		
Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact ph.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact fax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email <input type="text"/>

hereby make application for the transfer of that licence to:

Business name	BN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Company name	ACN / ARBN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Street address		
Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Postal address		
Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact ph.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Contact fax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email <input type="text"/>

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN. Please state current address of camping ground or park.

Enter postal address if different from street address.

<b>Total no. sites:</b>	No. unpowered tent sites:	No. unpowered caravan sites:
No. of cabins:	No. powered tent sites:	No. powered caravan sites:

Is the manager's residence provided?     No     Yes  
 Is there a kiosk provided?     No     Yes  
 Is there an office provided?     No     Yes

**Owner/s consent**

This is the name and address of the owner/s of the premises. If there are additional owners, please attach additional owner information to this form.

Name \_\_\_\_\_

Street address \_\_\_\_\_

Locality / Suburb \_\_\_\_\_ State    Postcode

Contact ph.  Mobile

Contact fax  Email \_\_\_\_\_

I, being the owner of the property described in this application, hereby consent to the above mentioned applicant/s making this application.

Signature \_\_\_\_\_ Date  /  /

**Amenities**

	Male	Female		
No. of toilets			No. of baby baths	
No. of showers			No. of laundry tubs	
No. of hand basins			No. of washing machines	
Disabled facilities (AS 1428)			No. of ironing boards	
			No. of clothes lines	

**Water supply**

Town water       Chlorinated       Non-chlorinated       Bore

Other (please specify) \_\_\_\_\_

**Lodgement**

Please attach the following (if applicable):

1. A copy of the additional owner/s consent (if applicable). 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.
2. An evacuation plan.
3. Evidence of any necessary statutory permit, authorisation or approval:
  - for the development and use of the relevant land as a camping ground / caravan park; and
  - for the occupation or use of buildings and structures on the land in connection with the operation of a camping ground / caravan park.
4. Other information and materials required by the local government.

**Please note: This application and fee MUST be lodged with Council.**

**Privacy Statement**

You are providing personal information which will be used only for the purpose of delivering services and carrying out Council activities or business specific to your enquiry, request, or application. Your personal information is defined, and handled in accordance with the *Information Privacy Act 2009* and will be accessed only by persons who have been authorised to do so. Your personal information will not be disseminated unless you have given us permission or the disclosure is required by law.

**Office use only**

G/L number: 3105-1000-0009

Application fee: ..... Receipt number: .....

Date: ..... Received by: .....

DWs #: .....

Application:  approved     refused     .....

Authorised officer: .....

Comment: .....

Date: .....