

# Mount Isa City Council

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Mount Isa QLD 4825

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Local Government  
Act 1993

Local Law  
(Camping Grounds)  
(Caravan Parks)

## Camping Ground and Caravan Park Renewal

### Application for Renewal of a Camping Ground or Caravan Park Licence

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 - Renewal Fee \_\_\_\_\_

#### Applicant/s details

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature

Date  /  /

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature

Date  /  /

Select as applicable.

#### Contact details

Business  Private

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email \_\_\_\_\_

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

#### Park details

Business name

BN

Company name

ACN / ARBN

Address of park

Locality / Suburb

State

Postcode

<b>Enter postal address if different from street address.</b>	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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/>	Email	

<b>Camping Ground / Caravan Park Licence no.</b>	Licence no.	Expiry 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"/>
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<b>Real property description – refer to Rates Notice.</b>	Lot no.	Reg. plan no.	Parish
	Total no. sites	No. unpowered sites	No. cabins
	No. caravan sites	No. tent sites	

	Manager's name
Is the manager's residence provided?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there a kiosk provided?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there an office provided?	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Owner/s consent**

<b>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.</b>	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"/> <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"/> <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"/> <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"/> <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"/> <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"/> <input type="text"/>	Email	
	I, being the owner of the property described in this application, hereby consent to the afore mentioned applicant/s making this application.		
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"/>		

**Amenities**

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

**Water supply**

<input type="checkbox"/> Town water	<input type="checkbox"/> Chlorinated	<input type="checkbox"/> Non-chlorinated
<input type="checkbox"/> Other (please specify) _____		

**Lodgement**

Please attach the following:

- 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.

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

**Office use only**

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	
Recommendation			
		Rec. no.	
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"/>	Account property no.		