

Balonne Shire Council

118 Victoria Street, St George
PO Box 201,
St George QLD 4487



Telephone 07 4620 8888 Facsimile 07 4620 8889
Email council@balonne.qld.gov.au
Website www.balonne.qld.gov.au

Local Government
Act 1993

Local Law No. 12
(Rental
Accommodation with
Shared Facilities)

Accommodation

Application for Registration of Accommodation

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.

NOTE: If use involves a change in use and/or alterations to the building, then building approval is required.

Application is for

Accommodation Registration 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 / /

Contact details

Select as applicable.

Business Private

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email _____

Business details	
Select as applicable	Type of premises <input type="checkbox"/> Motel <input type="checkbox"/> Boarding house <input type="checkbox"/> Flats <input type="checkbox"/> Hostel <input type="checkbox"/> Other (specify) _____
	Business name BN <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>
Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.	Company name ACN / ARBN <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>
	Street address
	Locality / Suburb State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>
Enter postal address if different from street address.	Postal address
	Locality / Suburb State <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Email _____
Real property description – refer to Rates Notice.	Lot no. Reg. plan no. Parish
	Name of landlord / manager (if other than applicant)

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 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Postcode <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Email _____
I, being the owner of the property described in this application hereby consent to the afore mentioned applicant making application for a licence to operate prescribed accommodation on this property.	
Signature	Date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Details of shared facilities			
Facilities	Number	Facilities	Number
Units (if applicable)		Bathrooms (bath/shower)	
Rooms (if applicable)		Toilets	
Single bedrooms		Kitchens	
Double bedrooms		Laundries	
Dining rooms			
Are kitchen facilities shared? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If laundry facilities are shared:			
No. washing machines		No. dryers	
No. sets of laundry tubs		Total no. persons accommodated	
Source of water supply to accommodation			

Lodgement

Please attach the following:

1. A plan of the accommodation including the proposed use of each room and the maximum number of persons to be accommodated in each bedroom.
2. A copy of your current certificate of compliance issued under the *Fire and Rescue Service Act 1990*.
3. A copy of the evacuation plan.
4. 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.	