

# Balonne Shire Council

118 Victoria Street, St George  
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St George QLD 4487



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Website [www.balonne.qld.gov.au](http://www.balonne.qld.gov.au)

Local Government Act 1993

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

## Accommodation - Transfer

### Application for Transfer of the 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 alteration to the building, then building approval is required.

### Application is for

Accommodation Transfer Fee \_\_\_\_\_

Enter details of current licence holder/s.

### Transferor/s details

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

Position

I, being the holder of the certificate of registration of accommodation hereby make application to transfer the licence to the transferee/s.

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

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

Position

I, being the holder of the certificate of registration of accommodation hereby make application to transfer the licence to the transferee/s.

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

Accommodation Registration no.

Registration no. \_\_\_\_\_ Expiry date  /  /

Enter details 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 this application as the proposed transferee and I consent to this application being made.

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

	Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Other (specify) <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"/>	
	Family name						
	Given names						
	Position						
	I certify that I am the person named in this application as the proposed transferee and I consent to this application being made.						
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"/>		

<b>Select as applicable.</b>	<b>Contact details</b>					
	<input type="checkbox"/> Business		<input type="checkbox"/> Private			
	Contact person					
	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"/>	
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		

<b>Business details of proposed transferees.</b>	<b>Business details</b>					
	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"/>		
	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"/>		
<b>Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.</b>	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"/>	
	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"/>
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		
<b>Enter postal address if different to street address.</b>	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"/>
	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	
	Lot no.		Reg. plan no.		Parish	
<b>Real property description – refer to Rates Notice.</b>	Name of landlord / manager (if other than applicant)					

<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>	<b>Owner/s consent</b>					
	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"/>
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/s 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"/>	

## Lodgement

Please attach the following:

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.

**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.	