



Fraser Coast
REGIONAL COUNCIL

Fraser Coast Regional Council

1300 79 49 29
PO Box 1943, Hervey Bay QLD 4655

Email: enquiry@frasercoast.qld.gov.au
Website: www.frasercoast.qld.gov.au

Accommodation

Local Law
(Rental Accommodation)

Application for Registration of Accommodation

NOTE: If use involves either or both of * a change in use and/or * alterations to the building, then building approval is required.
If you have any specific enquiries regarding how to complete this form or applicable fees please contact your Council on 1300 79 49 29 or SmartLicence on 1300 36 37 11.
Please complete this application in BLOCK LETTERS and tick boxes where applicable.
If a question does not apply, please indicate by writing "n/a".

FEE

Please see current Fees
& Charges Schedule for
relevant fees

Applicant/s details

Title

Title

Family Name

Family Name

Given Names

Given Names

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

Signature

Signature

Position

Position

Date

/ /

Date

/ /

Contact details

Postal Address

Locality / Suburb

State

Postcode

Phone

Fax

Mobile

e-mail:

Premises details

Type of premises:

Motel

Boarding House

Backpackers

Other

Business Name

Address of Premises

Locality / Suburb

State

Postcode

Lot no.

Reg. plan no.

Parish

Name of landlord / manager (if other than applicant)

Details of shared facilities					
Facilities	Number	Facilities	Number		
Units (if applicable)		Bathrooms	M	F	U
Rooms (if applicable)		Toilets	M	F	U
Single bedrooms		Kitchens			
Double bedrooms		Dining Rooms			
Bunk bedrooms		Laundries			
Please specify the number of male, female and unisex toilets and bathrooms provided.					
What are the dimensions of the sleeping rooms?					
1) height	width	length	7) height	width	length
2) height	width	length	8) height	width	length
3) height	width	length	9) height	width	length
4) height	width	length	10) height	width	length
5) height	width	length	11) height	width	length
6) height	width	length	12) height	width	length
Maximum number of person/s accommodated?					
1)			7)		
2)			8)		
3)			9)		
4)			10)		
5)			11)		
6)			12)		
Are kitchen facilities shared? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If laundry facilities are shared:					
Number of washing			Number of dryers		
Number of sets of laundry tubs			Total number of persons accommodated		
Source of water supply to accommodation: <input type="checkbox"/> Town/Reticulated <input type="checkbox"/> Tank					
<input type="checkbox"/> Other: (Please specify) _____					

Attachments	
Certificate Provided	Please provide:
Yes / No	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. Copy of current certificate of compliance issued under the Fire and Rescue Authority Act 1990
	3. Copy of evacuation plan

Failure to supply required information will delay the processing of your application.	Lodgement: On completion of this application, please forward it, the required supporting documentation, and your application fee to Council at the address on the front of this form. Please note: This application MUST be lodged with your Council.
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Office use only	
Health Number:	Amount Paid:
Receipt Number:	Date Paid: <input type="text"/> / <input type="text"/> / <input type="text"/>

Privacy Notice: In using this form you are providing personal information such as name and contact details. This information will be used for the purpose of processing your application. Your personal information will be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*.