

Longreach Regional Council

96A Eagle Street, Longreach
PO Box 472,
Longreach QLD 4730

Telephone 07 4658 4111 Facsimile 07 4658 4116
Email assist@longreach.qld.gov.au
Website www.longreach.qld.gov.au



Local Government
Act 1993

Local Law
(Rental
Accommodation)

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"/>	

Select as applicable.	Contact details	
	<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"/> <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 _____	

Business details of proposed transferees.	Business details		
	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"/>	
	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"/>	
	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"/> <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)		

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.	Owner/s consent	
	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"/>
	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.	