

Central Highlands Regional Council



- Blackwater Capella Emerald
 Springsure Other – Please Specify: _____

65 Egerton Street
PO Box 21,
EMERALD QLD 4720
Telephone: 1300 242 686 **Facsimile:** 1300 242 687
Email: enquiries@chrc.qld.gov.au
Website: www.chrc.qld.gov.au

Local Law No. 1
(Administration) 2012
– Schedule 14 –
Operation of Caravan
Parks
– Schedule 12 –
Operation of Camping
Grounds

Application for Operation of Caravan Parks & / or Operation of Camping Grounds

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

Licence to operate Caravan Park AND Camping Grounds	Fee \$
Licence to operate Caravan Park ONLY	Fee \$
Licence to operate Camping Grounds ONLY	Fee \$

Occupier (Licensee) details

Title
Family name
Given names
Position

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

Signature	Date
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Select as applicable.

Contact Details

Business Private

Contact person		
Postal address		
Locality / Suburb	State	Postcode
Contact ph.	Mobile	
Contact fax	Email	

Privacy Statement

Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. This information will not be disclosed to a third party unless you have given your written consent or we are required to do so by law. For more information about privacy in Central Highlands Regional Council see our Privacy Plan on our website.

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ABN. Please state current address of camping ground or park.	Park Details		
	Business Name		ABN
	Company Name		
	Park Name		
	Address of park		
	Locality / Suburb		State

Enter postal address if different from street address.	Postal address			
	Locality / Suburb		State	Postcode
	Contact ph.	Mobile		
	Contact fax	Email		

Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish
	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

Amenities / Facilities				
	Male	Female	Total No. Sites	
No. Toilets			No. Unpowered Sites	
No. Showers			No. Cabins	
No. Hand Basins			No. Caravan Sites	
Disabled Facilities (AS 1428)			No. Permanent Units	
			No. Single Person Rooms	

Water Supply					
(Non-Potable water require results of Nata Accredited Microbiological & Chemical Analysis to be forwarded to council)					
<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:	
1. A copy of your current certificate of compliance issued under the Fire and Rescue Service Act 1990.	
Please note: This application, current certificate and fee MUST be lodged with your Council.	

Office use only			
Application fee		Receipt No.	
Inspection Date		Licence No.	
Date			