

Central Highlands Regional Council



- Blackwater Capella Emerald
 Springsure Other – Please Specify: _____

65 Egerton Street, Emerald
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
Shared Facility
Accommodation
-Schedule 17-
Operation of Shared
Facility
Accommodation**

Application for Shared Facility Accommodation Licence

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

Application	Fee \$
Shares Accommodation Facilities – e.g. Boarding house, guest house, service rooms (i.e. mining camps), hostels	
Bed & Breakfast and Farm Stays	

Applicant/s 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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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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Approved Representative Details (Person who resides on the property at all times)

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.

<p>Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.</p> <p>Enter postal address if different from street address.</p> <p>Real property description – refer to Rates Notice.</p>	Business Details		
	Trading Name		
	Business Name		ABN
	Street address		
	Locality / Suburb		State Postcode
	Postal address		
	Locality / Suburb		State Postcode
	Contact ph.	Mobile	
	Contact fax	Email	
	Lot no.	Reg. plan no.	Parish
Name of landlord / manager (if other than applicant)			

<p>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.</p>	Owner/s Consent		
	Name		
	Postal Address		
	Locality / Suburb		State Postcode
	Contact ph.	Mobile	
	Contact fax	Email	
	I, being the owner of the property described in this application, hereby consent to the afore mentioned in the application for a licence to operate prescribed accommodation on this property.		
Signature	Date		

Details of Shared Facilities			
Maximum no. of persons accommodated		No of kitchens	
No. of bathrooms		No of dining rooms	
No of single bedrooms		No of female toilets	
No of dorms		No of hand wash basin	
No of double bedrooms		No of male toilets and urinals	
No of Other bedrooms		No of washing machines / dryers	
Other Facilities		Pool: (Maintenance Records Available)	

Water Supply

- Town Water Chlorinated Non- Chlorinated
- Other (please specify i.e. bore, rainwater, water carrier etc.)
-

If not on town reticulation water supply, Council will require a copy of the Drinking Water Quality Management Plan.

Lodgment & Supporting Document

Supporting documents, information and/ materials required to complete this application

Please complete this checklist in full and attach all relevant documents.

Please tick the box or indicate N/A where the question is not applicable.

✓ or N/A

A site plan of premises	
A plan of the accommodation including the proposed use of each room and the maximum number of persons to be accommodated in each bedroom	
A copy of your current certificate of compliance issued under the Fire and Rescue Service Act 1990.	
A copy of the Fire Safety Management Plan	
A copy of the evacuation plan	
A copy of the Drinking Water Quality Management Plan (if not on town water).	
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.	

Office use only

Application fee		Receipt No.	
Invoice Number		Licence No.	
Date			

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