

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*

Renewal 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:

Renewal Fee \$ Current Licence No. A Expiry Date

Applicant/s Details

Title

Family name

Given names

Position

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

Signature

Date

Title

Family name

Given names

Position

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

Signature

Date

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.

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

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 / No of Dryers:
Other Facilities:	Pool: (Maintenance Records Available)
Fire Safety Management Plan:	Up to date site plan:

Lodgement
<i>Please attach the following:</i>
1. <i>A copy of your current certificate of compliance issued under the Fire and Rescue Service Act 1990.</i>
Please note: This application, current certificate and fee MUST be lodged with your Council.

Office use only			
Application fee		Receipt No.	
Invoice Number		Licence No.	
Date			