

Diamantina Shire Council

Herbert Street, Bedourie
Herbert Street,
Bedourie QLD 4829

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Local Government
Act 1993

Local Law
(Camping Grounds)
(Caravan Parks)

Camping Ground and Caravan Park - Transfer

Application for Transfer of a Camping Ground or Caravan Park 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.

Application is for

Camping Ground and Caravan Park – Transfer Fee _____

Insert details of current
proprietor/s.

Transferor/s details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I hereby consent to the transfer of the licence to the applicant/s, detailed in the transferee section.

Signature _____ Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I hereby consent to the transfer of the licence to the applicant/s, detailed in the transferee section.

Signature _____ Date / /

Insert full name/s 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 the transfer application as the proposed transferee/s and I consent to this application being made.

Signature _____ Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I certify that I am the person named in the transfer application as the proposed transferee/s and I consent to this application being made.

Signature _____ Date / /

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"/>
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 name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN. Please state current address of camping ground or park.	Park details		
	I / We being the holder/s of the licence		
	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"/>	
	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"/>	
	Address of park		
	Locality / Suburb		State <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"/>
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	
Camping Ground / Caravan Park Licence no.	Licence no.	Expiry 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"/>	

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN. Please state current address of camping ground or park.	hereby make application for the transfer of that licence to:		
	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"/>	
	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"/>	
	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"/>

Enter postal address if different from street address.	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"/>
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
	Total no. sites	No. unpowered sites	No. cabins
	No. caravan sites	No. tent sites	
	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	

Owner/s consent	
<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>	Name
	Street address
	Locality / Suburb
	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Email
I, being the owner of the property described in this application, hereby consent to the afore mentioned applicant/s making this application.	
Signature	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"/>

Amenities			
	Male	Female	
No. toilets			No. baby baths
No. showers			No. laundry tubs
No. hand basins			No. washing machines
Disabled facilities (AS 1428)			No. ironing boards
			No. clothes lines

Water supply	
<input type="checkbox"/> Town water	<input type="checkbox"/> Chlorinated
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Non-chlorinated

Lodgement	
Please attach the following (if applicable):	
<ol style="list-style-type: none"> 1. A copy of the additional owner/s consent. 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. 2. An evacuation plan. 3. The name and address of the proposed resident manager of the camping ground / caravan park and the proposed resident manager's written agreement accepting the responsibilities of resident manager of the camping ground / caravan park. 4. Other information and materials required by the local government. 	
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.		