

Gladstone Regional Council

101 Goondoon St, Gladstone
PO Box 29
Gladstone QLD 4680

Telephone 07 4976 6996

Facsimile 07 4975 8500

Website: www.gladstone.qld.gov.au



GLADSTONE
REGIONAL COUNCIL

Local Government Act
2009

Local Law 1 –
Administration 2011
Subordinate Local Law
1.8 – (Operation of
Caravan Parks) 2011

Caravan Park Licence - Transfer

The Gladstone Regional Council is collecting your personal information in accordance with Council's Local Law 1 - Administration to process your Caravan Park Transfer Application. The information will only be accessed by authorised council employees. Some of this information may be given to other Government Departments in case of an emergency. Your information will not be given to any other person or agency unless you have given us permission or we are required by law.

Applicable Fees

Transfer Fee: \$ _____

Licence No.: _____

If applicant is a company,
insert company name and
ACN / ARBN

Applicant/s (transferor) details

Company name _____ ACN / ARBN _____

Title Mr Mrs Ms Miss Other (specify)

Family name _____

Given names _____

Position _____

Title Mr Mrs Ms Miss Other (specify)

Family name _____

Given names _____

Position _____

Postal address _____

Locality / Suburb _____

State

Postcode

Contact ph.

Mobile

Contact fax

Email _____

I/we agree to abide by the conditions of the licence set by Council.

Signature _____

Date / /

Signature _____

Date / /

The resident manager
details must be completed
and signed agreement
given.

Resident Manager Details

Name: _____

Postal address _____

Locality / Suburb _____

State

Postcode

Contact ph.

Mobile

Contact fax

Email _____

I agree to accept responsibility as the resident manager for the caravan park listed below.

Signature _____

Date / /

<p>Business name must be registered with the Office of Fair Trading.</p> <p>Real property description – refer to Rates Notice.</p> <p>Number of sites located in park.</p> <p>Details on amenities provided.</p>	Park Details																					
	Business name		ABN																			
	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"/>																			
	Lot no.	Reg. plan no.	Parish																			
	Hours of operation From _____ to _____																					
	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"/> <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																				
	Maximum Numbers																					
	Total Number Persons:		No. Persons per site:																			
Total No. Sites:		No. Caravan Sites: No. Tent Sites: No. Cabins:																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Amenities</th> <th style="width: 35%;">Male</th> <th style="width: 35%;">Female</th> </tr> </thead> <tbody> <tr> <td>No. Toilets</td> <td></td> <td></td> </tr> <tr> <td>No. Showers</td> <td></td> <td></td> </tr> <tr> <td>No. Hand Basins</td> <td></td> <td></td> </tr> </tbody> </table>		Amenities	Male	Female	No. Toilets			No. Showers			No. Hand Basins			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Amenities</th> </tr> </thead> <tbody> <tr> <td style="width: 70%;">No. Laundry Tubs</td> <td></td> </tr> <tr> <td>No. Washing Machines</td> <td></td> </tr> <tr> <td>No. Dryers / Clotheslines</td> <td></td> </tr> </tbody> </table>	Amenities		No. Laundry Tubs		No. Washing Machines		No. Dryers / Clotheslines	
Amenities	Male	Female																				
No. Toilets																						
No. Showers																						
No. Hand Basins																						
Amenities																						
No. Laundry Tubs																						
No. Washing Machines																						
No. Dryers / Clotheslines																						
Water Supply																						
<input type="checkbox"/> Town Water <input type="checkbox"/> Chlorinated <input type="checkbox"/> Non-chlorinated																						
<input type="checkbox"/> Other: Please specify _____																						
Food																						
Does the premises sell food as required by a food business licence under the <i>Food Act 2006</i> ?																						
<input type="checkbox"/> Yes - Please provide copy of licence with application																						
<input type="checkbox"/> No																						

<p>This is the name and address of the owner/s or the premises.</p>	Owner/s consent		
	Name:		
	Postal 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"/>
	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"/> <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 / We being the owners of the property described in this application hereby consent to the mentioned applicant 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"/>

Current Licensee (Transferee) details

By signing this form, you are agreeing that you are no longer responsible for the ownership / operation of the business listed in the transfer application form and agree to relinquish all rights and responsibilities in relation to this business activity to the applicant listed on this transfer application form.

Name		
Position		
Address		
Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <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	
Signature	Date: / /	

Please attach.

Lodgement

The application must include the following:

1. If the applicant is not the owner of the land on which the caravan park is situated - the written consent of the owner to the application.
2. An evacuation plan.
3. The name and address of the resident manager of the caravan park and the written agreement of the resident manager accepting responsibilities of resident manager of the park.

Please note: This application and fee MUST be lodged with your Council and will not be processed unless all information is received.

Office use only

Fee	Date / /
Scheduled category	File no.
Receipt no.	Access no.
Licence no.	