

# Richmond Shire Council

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Richmond QLD 4822



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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.	<b>Contact details</b>		
	<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"/> <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.	<b>Park details</b>		
	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"/> <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"/> <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"/> 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"/> <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"/> <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"/> <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"/>
	Postal address		
Enter postal address if different from 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"/>
	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"/> <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			

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.

### Owner/s consent

Name	
Street 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 applicant/s making this application.	
Signature	Date

### 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

Town water
  Chlorinated
  Non-chlorinated

Other (please specify) \_\_\_\_\_

### Lodgement

Please attach the following (if applicable):

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	Account property no.