

Richmond Shire Council

50 Goldring Street, Richmond
PO Box 18,
Richmond QLD 4822



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Email enquiries@richmond.qld.gov.au
Website www.richmond.qld.gov.au

Local Government
Act 1993

Local Law
(Camping Grounds)
(Caravan Parks)

Camping Ground and Caravan Park Renewal

Application for Renewal 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 - Renewal Fee _____

Applicant/s details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

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

Signature _____ Date / /

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

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

Signature _____ Date / /

Select as applicable.

Contact details

Business Private

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email _____

Business name must be registered with the Office of Fair Trading. If a company, insert company name and ACN / ARBN. Please state current address of camping ground or park.

Park details

Business name _____ BN

Company name _____ ACN / ARBN

Address of park

Locality / Suburb

State

Postcode

Enter postal address if different from street address.

Postal address _____

Locality / Suburb _____ State Postcode

Contact ph. Mobile

Contact fax Email _____

Camping Ground / Caravan Park Licence no.

Licence no. _____ Expiry date / /

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? No Yes

Is there a kiosk provided? No Yes

Is there an office provided? No Yes

Owner/s consent

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.

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:

- 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.

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"/> <input type="text"/> <input type="text"/>	Account property no.		