

## Application for approval under Local Law No. 1 (Administration) 2011

**Cairns Regional Council Subordinate Local Law No. 1 (Administration) 2011**  
**Schedule 17 - Prescribed Activity: Operation of Shared Facility Accommodation**  
**Year: 2012 / 2013**

You **MUST** complete ALL questions unless the form indicates otherwise. Incomplete forms or forms without all necessary information and documentation will result in your application not being a properly made application.

For all applications, you must:

- complete this form
- complete any other forms relevant to your application
- provide any mandatory supporting information identified on the forms as being required to accompany your application
- submit the fee applicable

### Applicant details

Note: the applicant is the person responsible for making the application and need not be the owner of the land. The applicant is responsible for ensuring the information provided on all Cairns Regional Council application forms is correct. Any approval that may be issued as a consequence of this application will be issued to the applicant.

**Name / s (individual or company name in full)**

**Date of Birth**

**For companies, contact name**

**Director/s Name**

**ABN**

**Postal address**



**Contact phone number**

**Mobile number (non-mandatory)**

**Fax number (non-mandatory)**

**e-mail address (non-mandatory)**

### Approved Representatives Details

**Name:** (person who resides on land at all times)

**Date of Birth:**

**Telephone:**

**Mobile:**

**Facsimile:**

**Email:**

### Business Details

**Trading Name:**

**Business Address:**

**Postal Address:**

**Manager's Name:**

**Manager's Contact Phone Number:**

**Business Phone Number:**

Business Fax Number:

Business Email Address:

Real Property Description:

Lot No:	Registered Plan No:

Supporting documents, information and/ materials required to complete this application Please complete this checklist in full:	<i>(Please tick the box or indicate N/A where the question is not applicable)</i>	
<i>Example: Have you provided a detailed site plan to scale for the premises?</i>	YES	
Site Plan	YES	
Fire Safety Management Plan	YES	

Premises Checklist:	
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 basins:
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:

Fee Schedule:	\$
Shared Accommodation Facilities – e.g. Boarding house, guest house, serviced rooms, hostel. Full Approval Fee (1 October to 30 September)	371.00 +11.00 Per Room
Bed & Breakfast & Farm Stay (ex CCC)	259.00
Bed & Breakfast & Farm Stay (ex DSC)	188.00

**Term of approval:** The term of approval is the period stated on the approval.

**Term of renewal of approval:** The term of any renewal is the same term as the original approval subject to compliance with all conditions stated on the approval.

Declaration:			
To the Chief Executive Officer, Cairns Regional Council			
I / We make application under <i>Local Law No. 1 (Administration) 2011</i> to operate the premises outlined in this form.			
Print Name:		Dated:	
Signature:			
<b>Cairns Regional Council – Information Privacy Statement</b> Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is authorised under Local Law No.1 (Administration) 2011 and Subordinate Local Law No.1 (Administration) 2011 [Schedule 17 Operation of a Shared Accommodation Facility]. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the <i>Information Privacy Act 2009</i> and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person unless you have given Council permission or the disclosure is required by law.			
OFFICE USE		Health Number:	
Does the application fit the criterion for granting of approval?		YES	NO
<i>Item 4 (a) The following criteria are criteria that must be considered for the granting of approval - (a) whether the approval includes a pest management plan, incorporating the - (i) prevention of introduction of pests; and (ii) maintenance required to prevent harbourage of pests; and (iii) procedures to monitor the detection of presence of pests; and (iv) intervention strategies when pests are detected; and (v) record keeping pertaining to the plan; and (b) whether the premises will be suitable and convenient for operation as accommodation premises and will provide a proper standard of hygiene, safety and comfort in the opinion of an authorised person.</i>			
PAYMENT DETAILS :	Receipt Type T163	Payment Amount \$	Receipt Number