

# Cook Shire Council

10 Furneaux Street  
PO Box 3  
Cooktown QLD 4895

Telephone 07 4069 5444 Facsimile 07 4069 5423

Email [mail@cook.qld.gov.au](mailto:mail@cook.qld.gov.au)

Website [www.cook.qld.gov.au](http://www.cook.qld.gov.au)



Local Government  
Act 1993

Local Law  
(Rental  
Accommodation)

## Accommodation - Transfer

### Application for Transfer of the Registration of Accommodation

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. Entre "n/a" of the question does not apply.

NOTE: If use involves a change in use and/or alteration to the building, then building approval is required.

### Application is for

Accommodation Transfer

Fee \_\_\_\_\_

Enter details of current  
licence holder/s.

### Transferor/s details

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

Position

I, being the holder of the certificate of registration of accommodation hereby make application to transfer the licence to the transferee/s.

Signature

Date

/  /

Title Mr  Mrs  Ms  Miss  Other (specify)

Family name

Given names

Position

I, being the holder of the certificate of registration of accommodation hereby make application to transfer the licence to the transferee/s.

Signature

Date

/  /

Accommodation  
Registration no.

Registration no.

Expiry date

/  /

Enter details 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 this application as the proposed transferee 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 this application as the proposed transferee and I consent to this application being made.

Signature

Date

/  /

<b>Select as applicable.</b>	<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"/> <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"/> <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"/>	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"/>

<b>Business details of proposed transferees.</b>	<b>Business details</b>		
	Type of premises <input type="checkbox"/> Motel	<input type="checkbox"/> Boarding house	<input type="checkbox"/> Flats
	<input type="checkbox"/> Other (specify) _____		
	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"/> <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"/> <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"/> <input type="checkbox"/> <input type="checkbox"/>
	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"/> <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"/>	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"/>
<b>Enter postal address if different to street address.</b>	Lot no.		
	Reg plan no.		Parish
	Name of landlord / manager (if other than applicant):		

<b>Real property description – refer to Rates Notice.</b>	<b>Owner/s consent</b>			
	Name			
	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"/> <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"/>	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 _____
	I, being the owner of the property described in this application hereby consent to the afore mentioned applicant/s making application for a licence to operate prescribed accommodation on this property.			
	Signature		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"/>	

<b>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.</b>	<b>Lodgement</b>		
	Please attach the following:		
	1. 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.		
<b>Please note: This application and fee MUST be lodged with Council.</b>			

## Privacy Statement

You are providing personal information which will be used only for the purpose of delivering services and carrying out Council activities or business specific to your enquiry, request, or application. Your personal information is defined, and handled in accordance with the *Information Privacy Act 2009* and will be accessed only by persons who have been authorised to do so. Your personal information will not be disseminated unless you have given us permission or the disclosure is required by law.

## Office use only

G/L number: 3105-1000-0006

Application fee: ..... Receipt number: .....

Date: ..... Received by: .....

DWs #: .....

Application:       approved     refused     .....

Authorised officer: .....

Comment: .....  
.....

Date: .....