

Shared Facility Accommodation Approval

*Mackay Regional Council Local Law No. 1 (Administration) 2011 and
Subordinate Local Law No. 1.11 (Operation of Shared Facility Accommodation) 2011*

<p>IS THIS APPLICATION</p> <p>(PLEASE <input checked="" type="checkbox"/> RELEVANT BOX)</p>	<p><input type="checkbox"/> NEW APPLICATION</p> <p style="text-align: center;">OR</p>																																												
	<p><input type="checkbox"/> AMENDMENT – CHANGE TO OPERATION (eg but not limited to, an increase in room numbers).</p> <p style="text-align: center;">OR</p>																																												
<p><input type="checkbox"/> TRANSFER</p>	<p>In order for your application to be assessed you must:</p> <ul style="list-style-type: none"> • Complete all relevant sections; • Provide all supporting information referred to on this form, and • Submit with the relevant fee <p>➤ FOR A NEW APPLICATION</p> <p>Complete ALL SECTIONS and provide supporting information.</p> <p>➤ FOR AN AMENDMENT (CHANGE TO OPERATION)</p> <p>Complete ALL SECTIONS and provide all supporting information.</p> <p>➤ FOR A TRANSFER</p> <p>Complete SECTIONS A, B AND E.</p> <p>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.</p>																																												
<p>SECTION A</p> <p style="font-size: small; margin-top: 20px;">Contact person for business if not the applicant and/or if the applicant is a company</p> <p style="font-size: small; margin-top: 20px;">Current approval holder's name and signature is required if transferring approval</p>	<p>APPLICANT DETAILS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">Full Name of Applicant/s</td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2">Applicant/s Postal Address</td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2">Trading Name</td></tr> <tr><td colspan="2">ABN</td></tr> <tr><td colspan="2">Business Address</td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2">Real Property Description</td></tr> <tr> <td style="width: 60%;">Business Phone</td> <td>Fax</td> </tr> <tr><td colspan="2">After Hours Phone</td></tr> <tr><td colspan="2">Email Address</td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2">Full Name of Contact Person</td></tr> <tr><td colspan="2">Email Address</td></tr> <tr><td colspan="2">Contact Phone Number</td></tr> <tr><td colspan="2"> </td></tr> <tr style="background-color: #cccccc;"><td colspan="2">If transferring, current approval holder's name and signature:</td></tr> <tr><td colspan="2">Full Name of Current Approval Holder</td></tr> <tr><td colspan="2"> </td></tr> <tr><td colspan="2">Signature of Current Approval Holder</td></tr> <tr><td colspan="2"> </td></tr> </table>	Full Name of Applicant/s				Applicant/s Postal Address				Trading Name		ABN		Business Address				Real Property Description		Business Phone	Fax	After Hours Phone		Email Address				Full Name of Contact Person		Email Address		Contact Phone Number				If transferring, current approval holder's name and signature:		Full Name of Current Approval Holder				Signature of Current Approval Holder			
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SECTION B Landowner consent is required if the applicant is not the owner	CONSENTS - LANDOWNER	
	Name of Landowner	
	Landowner Signature	
SECTION C Details of the type of Shared Facility (eg Bed and Breakfast) The number of rooms to be used as part of the approval	OPERATION DETAILS	
	Type of Shared Facility	
	Hotel (number of rooms)	(Please complete where applicable)
	Motel (number of rooms)	(Please complete where applicable)
SECTION D	ATTACHMENTS You must provide:	
	<ol style="list-style-type: none"> A plan of the proposed shared facility accommodation (drawn to scale) showing:- <ul style="list-style-type: none"> Location and area of each access way; and Particulars of the proposed use of each room and the maximum number of persons to be accommodated in each bedroom; and Particulars of all lighting and ventilation, sanitary facilities, fire safety installations, shared facilities, water supply facilities and on site sewerage facilities. Evidence that approvals have been obtained for each of - Town Planning, Building, Plumbing and Trade Waste as required. If you believe that any one, or all, or these approvals are not required to support this application, you must provide appropriate evidence (eg written evidence in support of your claim). Certificate of compliance issued under the <i>Fire and Rescue Service Act 1990</i>. If the operation of this approval incorporates the provision of a swimming pool for the use of guests, you are also required to make an application to operate a public swimming pool. If the operation of this approval incorporates the preparation of food for sale, a food business licence is also required. 	
SECTION E	APPLICANT CONSENT I declare the information provided in this application to be true and correct.	
	Signature	Date
	Mackay Regional Council is collecting this information in order to process your Application. If required, Council may provide your details to a collection agency that has been employed by Council for the recovery of unpaid fees. In all other circumstances, this information will only be disclosed to a third party with your written authorisation or as required by law.	

Office Use Only	
Cashiers Ref No : LC/H&RS/PP _____	Date
Amount	File No
Receipt No	Cashier