

Paroo Shire Council

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Cunnumulla Q 4490

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*Local Government
Act 1993*

*Local Law
(Rental
Accommodation)*

Accommodation

Application for 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. Enter "n/a" if the question does not apply.

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

Application is for

Accommodation Registration 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 _____

Select as applicable

Business details

Type of premises Motel Boarding house Flats Hostel
 Other (specify) _____

Business name must be registered with the Dept of Justice and Attorney-General.

If applicant is a company, insert company name and ACN / ARBN.

Enter postal address if different from street address.

Real property description - refer to Rates Notice.

Business name BN

Company name ACN / ARBN

Street address

Locality / Suburb State Postcode

Postal address

Locality / Suburb State Postcode

Contact ph. Mobile

Contact fax Email _____

Lot no. Reg. plan no. Parish

Name of landlord / manager (if other than applicant)

This is the name and address of the owner/s of the premises.

If there are additional owners, please attach additional owner information

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 making application for a licence to operate prescribed accommodation on this property.

Signature Date / /

Details of shared facilities

Facilities	Number	Facilities	Number
Units (if applicable)		Bathrooms (bath/shower)	
Rooms (if applicable)		Toilets	
Single bedrooms		Kitchens	
Double bedrooms		Laundries	
Dining rooms			

Are kitchen facilities shared? No Yes

If laundry facilities are shared:

No. washing machines		No. dryers	
No. sets of laundry tubs		Total no. persons accommodated	

Source of water supply to accommodation

Lodgement

Please attach the following:

1. A plan of the accommodation including the proposed use of each room and the maximum number of persons to be accommodated in each bedroom.
2. A copy of your current certificate of compliance issued under the *Fire and Rescue Service Act 1990*.
3. A copy of the evacuation plan.
4. 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"/>	Account property no.	