

Paroo Shire Council

49 Stockyard Street Cunnamulla
PO Box 75
Cunnamulla Q 4490

Telephone 07 4655 8400 Facsimile 07 4655 1647
Email council@paroo.qld.gov.au
Website www.paroo.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. Enter "n/a" if 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	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Other (specify)	<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"/>										
	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								<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Select as applicable.	Contact details																											
	<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"/>				
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"/>	<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"/>	<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"/>	<input type="checkbox"/>	
												Email																

Business details of proposed transferees.	Business details																											
	Type of premises <input type="checkbox"/> Motel <input type="checkbox"/> Boarding house <input type="checkbox"/> Flats <input type="checkbox"/> Hostel																											
	<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"/>			
												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"/>	
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"/>				
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"/>				
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"/>	<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"/>	<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"/>			
												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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Postcode			<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"/>	<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"/>	<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"/>				
												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"/>

Lodgement

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.

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.	