



Operation of Camping Grounds and/or Caravan Parks Renewal Application

Local Law No.1 – Administration, Subordinate Local Law No. 1 (Administration) 2016 – Schedules 12 & 14

This form cannot be used for transfer of ownership. You will need a 'New Application Form'.
Please call us if you have any questions about fees or how to complete this form. Type or print in BLOCK
LETTERS and select boxes where applicable. Enter 'N/A' if the question does not apply.

Existing approval number

APPLICANT

Title Mr Mrs Ms Other (*specify*) Company

Full name

Company

Director's name ABN

Postal address

Locality/ Suburb State Postcode

Phone Mobile

Email

Contact person (*if not above*) Phone/Mobile

CAMPING GROUND/CARAVAN PARK

Name

Address

Locality/ Suburb State Postcode

Lot number Plan number

Phone Mobile

Email

FACILITY DETAILS

Number of powered tent sites	<input type="text"/>	Number of unpowered tent sites	<input type="text"/>
Number of powered caravan sites	<input type="text"/>	Number of unpowered caravan sites	<input type="text"/>
Number of self-contained cabins	<input type="text"/>	Number of other cabins	<input type="text"/>
Is there a Manager's residence on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there an office on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a kiosk on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a shared kitchen or BBQ area on site?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

NUMBER OF AMENITIES (not including toilets, showers, hand basins and disabled facilities in self-contained sites)

	Male	Female	Disabled	Unisex		
Number of toilets	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of laundry tubs	<input type="text"/>
Number of showers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of washing machines	<input type="text"/>
Number of hand basins	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Number of clothes lines	<input type="text"/>

WATER SUPPLY

Town water Chlorinated Bore Other

Water treatment details

*if not town water, attach a current copy of a water analysis certificate from a National Association of Testing Authorities (NATA) laboratory

MANAGER'S CONTACT DETAILS AND CONSENT

Title Mr Mrs Ms Other (specify)

Full name

Phone Mobile

Email

I, , accept the responsibilities of the resident manager of this property.

Signed Date

DECLARATION

I understand Cook Shire Council cannot be held liable in any way, including for personal injury, death, damage to property, or economic loss, as the result of the approval of this proposal. To the best of my knowledge, the information provided in this application is correct.

Applicant's Signature Date

You are providing personal information which will only be used for Council business activity specific to your enquiry, request, or application. Your personal information is managed in accordance with the *Information Privacy Act 2009*, will only be handled by persons authorised to do so and will not be disseminated unless you have given Council permission to do so or the disclosure is required by law.

LODGEMENT OPTIONS

When you have signed and dated this form, please lodge it with the fees and any supporting documents required at the council office, in person, email or post. If your application is successful, you will receive an approval certificate.

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Website: www.cook.qld.gov.au
PO Box 3 COOKTOWN QLD 4895

OFFICE USE ONLY

G/L: 2050.110.117

Application fee	<input type="text"/>	Approval issued	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Paid	<input type="text"/>	Receipt number	<input type="text"/>
Received by	<input type="text"/>	Received by	<input type="text"/>
	Name		Signature