

OPERATION OF CAMPING GROUNDS AND/OR CARAVAN PARKS

Local Law 1 - Schedule 12 & 14

Application for: New Operation of Caravan Parks approval and/or camping grounds

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.

Application for: Camping grounds Caravan parks Both (only 1 fee applies)

Section 1 - Applicant details

Details of the applicant (person or company) to which the permit will be issued.

Title: Mr Mrs Ms Miss Company
First name: Given name(s):
Last name:
Company name: ABN:
Director's name:
Director's name:
Postal address:
Locality: State: Postcode:
Phone: Fax:
Mobile: Email:

Section 2 - Manager details

Details of the Manager.

Title: Mr Mrs Ms Miss
First name: Given name(s):
Last name:
Postal address:
Locality: State: Postcode:
Phone: Fax:
Mobile: Email:

I, accept the responsibilities of resident manager of the caravan park.

Signature:

Date:

Section 3 - Owners details/consent

Owners details

As per applicant/s As per Manager Other (specify below)

First name: Given name(s):
Last name:
Postal address:
Locality: State: Postcode:
Phone: Fax:

Mobile: [] Email: []

I, being the owner of the property described in this application hereby consent to the afore mentioned applicant making this application.

Signature: []

Date: []

Section 4 - Camping grounds and/or Caravan Park details

Details of the Camping grounds and/or Caravan park.

Trading as: []

Street Address: []

Locality: [] State: [] Postcode: []

Phone: [] Fax: []

Mobile: [] Email: []

Real property description: Lot no. [] Reg. Plan no. []

Number of tent sites: Unpowered: [] Powered: []

Number of caravan sites: Unpowered: [] Powered: []

Number of cabins: Not Self-contained: [] Self-contained: []

Is the Managers residence provided on-site: Yes No

Is there a kiosk provided: Yes No

Is there an office provided: Yes No

Number of toilets: Male: [] Female: [] Disabled: []

Number of showers: Male: [] Female: [] Disabled: []

Number of hand basins: Male: [] Female: [] Disabled: []

(do not include toilets, showers, hand basins and disabled facilities in self-contained sites)

No. laundry tubs: [] No. washing machines: [] No. clothes lines: []

Water Supply

Town Water Chlorinated Non- Chlorinated Bore

Other (specify): []

Lodgement

Date, sign, and forward this application, with fee and required supporting documentation (if any), to Cook Shire Council. This application MUST be lodged with Council.

I indemnify Cook Shire Council against claims for personal injury including death and damage to property including economic loss arising by, through or in connection with the approval. I declare the information provided in this application to be complete, true and correct.

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.

Office Use Only

G/L: 2050.110.117

Fee: Receipt number:

Date: Received by: