

## Operation of Shared Facility Accommodation **Renewal Application**

Local Law No.1 – Administration, Subordinate Local Law No. 1 (Administration) 2016 – Schedule 17

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.

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 ( <i>if not above</i> )	Phone/Mobile
CHARER FACULTY ACCOMMAND ATION	
SHARED FACILITY ACCOMMODATION  Name	
Address	
	State Postcode
Locality/ Suburb	State Postcode Plan number
Locality/ Suburb	Plan number
Locality/ Suburb  Lot number  Phone	
Locality/ Suburb  Lot number  Phone  Email	Plan number Mobile
Locality/ Suburb  Lot number  Phone  Email	Plan number
Locality/ Suburb  Lot number  Phone  Email	Plan number Mobile
Locality/ Suburb  Lot number  Phone  Email  Type of Facility Motel Backpackers	Plan number Mobile
Locality/ Suburb  Lot number  Phone  Email  Type of Facility Motel Backpackers  AMENITIES (enter number of each amenity)	Plan number  Mobile  Hostel Other (specify)
Locality/ Suburb  Lot number  Phone  Email  Type of Facility Motel Backpackers  AMENITIES (enter number of each amenity)  Units Rooms  Dining rooms Kitchens	Plan number  Mobile  Hostel
Locality/ Suburb  Lot number  Phone  Email  Type of Facility Motel Backpackers  AMENITIES (enter number of each amenity)  Units Rooms  Dining rooms Kitchens  Bathrooms Toilets	Plan number  Mobile  Hostel Hotel Other (specify)  Single rooms Double rooms Shared kitchens Pools/spas Washing machines Dryers
Locality/ Suburb  Lot number  Phone  Email  Type of Facility Motel Backpackers  AMENITIES (enter number of each amenity)  Units Rooms  Dining rooms Kitchens	Plan number  Mobile  Hostel Hotel Other (specify)  Single rooms Double rooms Shared kitchens Pools/spas Washing machines Dryers  modated

WATER CURRY	
WATER SUPPLY	
Town water Chlorinated Bore Other (specify)	
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	
<b>DECLARATION</b> Same as Applicant Same as Manager	
I understand Cook Shire Council cannot be held liable in any way, including for personal injury, deat	
damage to property, or economic loss, as the result of the approval of this proposal. To the best of r knowledge, the information provided in this application is correct.	ny
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 person information is managed in accordance with the <i>Information Privacy Act 2009</i> , will only be handled by persons authorised to do so and will not be disseminated by the control of the	
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.	
Cook Shire Council	
10 Furneaux Street Phone: 07 4082 0500	
Email: mail@cook.qld.gov.au	
Website: www.cook.qld.gov.au	
PO Box 3, COOKTOWN QLD 4895	
OFFICE USE ONLY  G/L: 2050.110	).78
Application fee Approval issued Yes No	
Date paid Receipt number	
Received by  Name  Received by  Signature	
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