

Operation of Shared Facility Accommodation

New Application

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

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 (if not above) Phone/Mobile

SHARED FACILITY ACCOMMODATION

Name

Address

Locality/ Suburb State Postcode

Lot number Plan number

Phone Mobile

Email

Type of Facility Motel Backpackers Hostel Hotel

Other (specify)

AMENITIES (enter number of each amenity)

Units	<input type="text"/>	Rooms	<input type="text"/>	Single rooms	<input type="text"/>	Double rooms	<input type="text"/>
Dining rooms	<input type="text"/>	Kitchens	<input type="text"/>	Shared kitchens	<input type="text"/>	Pools/spas	<input type="text"/>
Bathrooms	<input type="text"/>	Toilets	<input type="text"/>	Washing machines	<input type="text"/>	Dryers	<input type="text"/>

Maximum numbers of guests that can be accommodated

*Please note, if you provide meals on site, you may require a food business licence.

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

PROPERTY OWNER'S DETAILS AND CONSENT

Same as Applicant

Same as Manager

Title Mr Mrs Ms Other (*specify*)

Full name

Postal address

Locality/ Suburb State Postcode

Phone Mobile

Email

I, , am the owner of this property and give my consent for this application.

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.

SUPPORTING DOCUMENTS

- Names and addresses of additional applicants or directors if applicable;
- A site plan of the premises drawn to scale showing
 - the internal layout of the building detailing the proposed function of each room, and the maximum number of beds proposed for beds and dormitories
 - the location of the building on the site
 - details of shared facilities including number of toilets, bathrooms, showers, laundry facilities and cooking facilities
 - locations of vehicle access and parking
- Report from an appropriately qualified professional that the fire safety provisions of the *Building Act 1975* have been complied with
- Copies of any necessary statutory permit, authorisation or approval including any development permit for the premises required under the *Sustainable Planning Act 2009*

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, online or via 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: 2050.0105.78

Application fee

Approval issued Yes No

Date paid

Receipt number

Received by

Received by

Name

Signature