

Phone: Fax: Email:

07 4099 9444 07 4098 2902 enquiries@douglas.qld.gov.au Web: Postal: Office:

www.douglas.qld.gov.au PO Box 723 Mossman Qld 4873 64-66 Front St Mossman

Application - Approval for Operation of an Accommodation Premises *Local Law No. 1 - Administration*

You must complete all questions unless the form indicates otherwise. Incomplete forms or forms without all necessary information and documentation

| will result in your application being an improperty made application. | | | | | | | | | |
|--|--|--|---|---|---|-------------------|--|--|--|
| • pi | complete the form and return to Council; and provide any mandatory supporting information identified on the application form; and | | | | | | | | |
| $\overline{}$ | ubmit the applicable for the contract of the c | | Please complete | Please complete all sections of this form | | | | | |
| Transfer of Approval – Change of Proprietor of Existing Business | | | Please complete all sections of this form. Ensure Section 5 is completed by the Current Approval holder. Please include the proposed changeover date of ownership | | | | | | |
| Types | of Accommodation: | | | | | | | | |
| Щ | Operation of cam | ping grounds | | | | | | | |
| Ш | Operation of cara | ıvan parks | | | | | | | |
| | Operation of shar | red facility accommoda | ntion (please circle | below): | | | | | |
| | Hostel | Backpacker | Boardir | g House | Other: | | | | |
| | | | | | | | | | |
| 1. AF | PLICANT DETAILS | | | | | | | | |
| Note: name | The applicant is the p | entity and should not be e | | | for complying with the applicable Where a person or company oper | | | | |
| | | Example – J | lane Bloggs & Joe E | loggs, Joe Bloggs Pt | y Ltd, Jones Ltd, The Business Inc. | | | | |
| | cant (Entity) Name dual/Partnership/Corpor | | | | | | | | |
| Is the Applicant a Not for Profit (Community, Sporting or Service) Organisation? Yes No If Yes, Please attach a certificate of incorporation to this application | | | | | | | | | |
| If Yes, | Please attach a certif | icate of incorporation to | this application | , , | | | | | |
| | | | this application | | | | | | |
| Appli | cant Postal Addres | s: | | | | | | | |
| Appli Does t | cant Postal Address | s: ply to all Council Departm | | | | | | | |
| Appli Does t | cant Postal Address | s: | | | | | | | |
| Appli Does t | cant Postal Address | s: ply to all Council Departm fice Street Address: | | | nals etc.) 🗌 Yes 🗌 No | | | | |
| Appli Does t Appli Appli | cant Postal Address this postal address ap cant Registered Off | s: ply to all Council Departm fice Street Address: er: | | ater, permits, anim | nals etc.) 🗌 Yes 🗌 No | | | | |
| Appli Does t Appli Appli Appli | cant Postal Address this postal address ap cant Registered Off cant Phone Numbe cant Email Address | s: ply to all Council Departm fice Street Address: er: | | ater, permits, anim | nals etc.) 🗌 Yes 🗌 No | | | | |
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| Appli Appli Appli Appli Appli For C Direc Direc Direc C Direc | cant Postal Address this postal address ap cant Registered Off cant Phone Numbe cant Email Address cant Contact Name orporations, please tor Name: tor Address: tor Address: tor Address: ommittees of Incor / ABN: (where applicate | s: ply to all Council Departm fice Street Address: er: if not an Individual: provide the following | ents (i.e. rates, w | Applicant Mor additional name | nals etc.) | ned (see page 2)? | | | |

| 2. ACCOMMODATION BUSINESS DETAILS | | | |
|---|--|--|--|
| Trading Name: Example – Joe's Camping Retreat, Coral Bay Resort (Name of Accommodation Premises) | | | |
| Site Contact Name: | | | |
| Premises Site Address: | | | |
| Postal Address: (if different to Applicant) | | | |
| Site Telephone: | Site Contact Mobile: | | |
| Site Email: | | | |
| | | | |
| 3. ACCOMMODATION FACILITIES | | | |
| Shared Facility: Number of shared Facility | Campgrounds/ Caravan Parks: - Number of camp. | | |
| Rooms | · - | | |
| (as per Development Permit/Notice where applicable) | Sites: | | |
| | Campgrounds / Caravan Parks: - Total Number of | | |
| Shared Facility: Number of Maximum Persons | Permanent Structures: | | |
| Accommodated: | | | |
| | (e.g. cabins, safari tents, train carriages) : | | |
| Number of Guest Swimming Pools / Spas: (if applicable) | | | |
| 4. PRIVATE WATER SUPPLY (only applies to businesses not on a Coun | cil water supply) | | |
| Private Water Supply? Water Source | e: Bore Water / Rainwater Tank / Water Course / Other: | | |
| (If Yes, please complete this section) (please circle/st | | | |
| A Certificate of Analysis to show the water is safe at the premises is a Certificate of Analysis attached with the application? | is required prior to operating. YES \square NO \square | | |
| A Water Management Plan (WMP) for the water supply at your b Is a WMP attached to this application? See https://douglas.qld.gov.au/foriginal-region | | | |
| NB: From October 2015 it became a MANDATORY requirement for supply to implement a suitable WMP. | or all food and accommodation businesses using a private water | | |
| 5. TRANSFER OF ACCOMMODATION APPROVAL (only applies for s | ale of business) | | |
| Current Trading Name: | | | |
| Intended Date of Transfer: | Current Approval No: | | |
| Name of Current Approval Holder: | | | |
| Signature of Current Approval Holder: | Date: | | |
| Name of Current Approval Holder 2: | | | |
| Signature of Current Approval Holder 2: | Date: | | |
| By signing the above, the current approval holder is confirming their inten | t to transfer the current approval to the applicant as stated on this form | | |
| 6. ADDITIONAL DETAILS (If required) | | | |
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| 7. DECLARATION | | | | | | |
|---|-----|-----|--|--|--|--|
| I make application under <i>Local Law No. 1(Administration) 2020</i> for approval to conduct the prescribed activity outlined in this application form and declare that the information provided by me in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regards to any matters relevant to this application. | | | | | | |
| Applicant Signature: | Dat | te: | | | | |
| Douglas Shire Council - Privacy Collection Notice: Douglas Shire Council collects and manages personal information in the course of performing its activities, | | | | | | |
| functions and duties. We respect the privacy of the personal information held by us. The way in which the council manages personal information is governed by the | | | | | | |
| nformation Privacy Act 2009 (Qld). We are collecting your personal information in accordance with the Local Government Act 2009 so that we can assess and finalise | | | | | | |

your application. Generally, we will not disclose your personal information outside of Council unless we are required to do so by law, or unless you have given us your

consent to such disclosure. For further information about how we manage your personal information please see our Information Privacy Policy.

8. PRESCRIBED FEE (Applicable from 1 July 2023 to 30 June 2024)

Please contact Environmental Health on 07 4099 9444 to confirm which Approval Category applies

365 day Pro Rata system for new annual Environmental Health Approvals & Licences

1 April - 30 June -full fee - licensed until 30 June of the following year

1 July – 31 March - Fee is composed of a non-refundable base fee plus a prorata fee that is calculated according to the number of days left in the licence term - ends 30 June.

(For applications 1 July – 31 March, please call Council on 07 4099 9444 or ask at the customer service counter to find out your calculated pro rata fee amount)

| Licence Category | Full Fee |
|---|-----------|
| Operation of Shared Facility Accommodation Approval | \$530.00 |
| Camping Grounds/Caravan Parks Approval 1-49 sites | \$400.00 |
| Camping Grounds/Caravan Parks Approval 50+ sites | \$600.00 |
| Transfer of Approval (Accommodation Premises) | \$166.00 |
| Bed & Breakfast / Farm Stay / Forest Stay | NO CHARGE |

DEBTOR ACCOUNT TERMS & CONDITIONS

Renewals and associated fees and charges will be invoiced by Douglas Shire Council via a debtor account to the Applicant.

The Applicant shall settle all accounts in full no later than the due date shown on the invoices.

Where debtor accounts are overdue by 60 days or more, the debt may be referred to a credit reference agency and your permit/approval/license may be suspended or cancelled.

In the case that the Applicant shall be a company acting as a trustee for the trust, the Applicant hereby acknowledges that the trust shall be liable on the account, has sufficient assets to meet payment of the debtor account and is empowered to enter into the account agreement.