

Central Highlands Regional Council

Blackwater Capella Emerald

PO Box 21,
EMERALD QLD 4720
Telephone 1300 242 686 Facsimile 1300 242 687
Website www.chrc.qld.gov.au



**Local Law No. 1
(Administration)
2012 – Schedule
12 – Operation of
Camping
Grounds**

Application for Operation of 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 is for

Licence to operate Camping Ground Fee _____

Occupier (Licensee) details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature

Date / /

Contact details

Select as applicable.

Business Private

Contact person

Postal address

Locality / Suburb

State Postcode

Contact ph.

Mobile

Contact fax

Email _____

Park details

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN. Please state current address of camping ground or park.

Business name

ABN

Company name

Address of park

Locality / Suburb

State Postcode

Privacy Statement

Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. This information will not be disclosed to a third party unless you have given your written consent or we are required to do so by law. For more information about privacy in Central Highlands Regional Council see our Privacy Plan on our website.

Enter postal address if different from street address.	Postal address		
	Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Email		
Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish
	Total no. sites	No. unpowered sites	
	Manager's name		
	Is the manager's residence provided?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is there a kiosk provided?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Is there an office provided?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

Amenities			
	Male	Female	
No. toilets			No. baby baths
No. showers			No. laundry tubs
No. hand basins			No. washing machines
Disabled facilities (AS 1428)			No. ironing boards
			No. clothes lines

Water supply			
(Non-Potable water require results of Nata Accredited Microbiological & Chemical Analysis to be forwarded to council)			
<input type="checkbox"/>	Town water	<input type="checkbox"/>	Chlorinated
<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	Non-chlorinated

Office use only			
Licence fee		Licence. no.	
Receipt code	454 (CAMPRENEW)	Officer	
GL Ledger No	2100.0105.0086	Inspection date	
Recommendation			
		Rec. no.	
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account property no.	