

ENVIRONMENTAL HEALTH SERVICES

Application for Accommodation with Shared Facilities

Bundaberg Regional Council Local Laws

Subordinate Local Law No. 1.11 (operation of Shared Facility Accommodation) 2011

Council is collecting your personal information (e.g. name, address, phone number etc), for the purposes as outlined on this form. Council is required to collect this information under *Local Law Number 1 (Administration)* and *Subordinate Local Law No. 1.11 (Operation of Shared Facility Accommodation) 2011*. This information will only be accessed by authorised Council officers and will be handled in accordance with Council's Privacy Statement governed by the *Information Privacy Act 2009*. Visit <https://www.bundaberg.qld.gov.au/privacy> for further information.

Applications that are incomplete will not be accepted.

PART A Application Type

- New Application
 Transfer/amendment
 Approval Number

PART B Applicant Details

1 Applicant

Individual's full name

Title	Surname/Family Name	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Or

Organisation's full name

2 Business/Trading Name

3 ABN (Australian Business Number)

4 Residential Address

Shop No.	Street No.	Street	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5 Postal Address

6 Business details

Business phone number	Business fax number	Business mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

7 Preferred Contact Person's Details (Manager's details)

Name

Business phone number

Business fax number

Business mobile No.

8 Is the manager's residence provided? Yes No

9 Is there a kiosk or office provided? Yes No

10 Is there a pool provided to patrons? Yes No

PART C Property Address

11 **Property Address** (Use official address of premises location)

Unit No.

Street No.

Street

Suburb

Postcode

12 **Real Property Description**

Lot

Plan

Lot

Plan

13 **Name of landlord/manager (if other than applicant)**

PART D Approval Details

14 **Approval Number**

15 **Type of premises**

Motel

Boarding House

Backpackers

Other (*please specify*)

PART E Details of Shared Facilities

16 **Facilities**

Number

Units (if applicable)	
Rooms (if applicable)	
Single bedrooms	
Double bedrooms	
Bunk bedrooms	
Kitchens	
Dining Rooms	

17 Amenities

	No. of Male	No. of Female	No. of Unisex
bathrooms			
toilets			

18 Are kitchen facilities shared?

- Yes No

19 Are laundry facilities shared?

- Yes No

20 If yes to above:

- | | |
|--|--------|
| <input type="checkbox"/> Washing machine | Number |
| <input type="checkbox"/> Laundry tubs | Number |
| <input type="checkbox"/> Clothes dryers | Number |
| <input type="checkbox"/> Clothes lines | Number |
| <input type="checkbox"/> Ironing Boards | Number |

21 Source of water supply to accommodation

- Town/Reticulated Tank
 Other (please specify)

PART F Checklist

22 Completion Checklist *Required with this Application*

- Completed and signed application with prescribed fee
- Site plan of the allotment upon which the accommodation premises is located
- Where applicable, most recent building work carried out in respect of the premises for which approval was obtained under the Building Act 1975
- Recent certificate of classification issued under the Building Act 1975
- Statement that states, to the best of the applicants knowledge after having undertaken reasonable enquiries and investigations, that the premises is structurally sound and ins a state of good repair
- Details of last vermin and pest treatments
- Plan of the premises
- If applicant is not the owner of the premises for which the approval is sought, the written consent of the owner in respect of the application
- Other supporting documentation if applicable
- Statement as to number of sleeping rooms in the premises, information to identify which rooms are sleeping rooms and the number of beds in each room
- Written certification that the number of beds per room and/or number of occupants per room satisfies any relevant fire safety, building or other applicable approval/certification requirements

PART G Declaration & Signature

23 For Transfer of Approvals Only - Approval Holder's consent

I/we, being the holders of the current Approval for a Caravan Park or Camping Ground, hereby consent to the transfer of the Approval to the Applicant(s).

Owner One (1) Name

Signature and date

Owner Two (2) Name

Signature and date

24 Owner's consent - To be completed where the applicant is NOT the owner of the property

I/we, being the owners of the property described in this application, hereby consent to the abovementioned applicant making this application.

Owner One (1) Name

Signature and date

Owner Two (2) Name

Signature and date

25 Applicant suitability statement, declaration and signature

I/we declare that the information provided in this application is true and correct and consent to making enquiries and exchange information with authorities of any local, State/Territory or Commonwealth departments in regards to any matters relevant to this application.

I am aware that it is an offence to knowingly provide false or misleading information.

Full Name of Signatory

Position of Signatory e.g. Owner, Manager

Signature and date

APPLICATION LODGEMENT:

Applications may be lodged as follows:

- By Email: ceo@bundaberg.qld.gov.au – scanned copy with signatures only
- By Post: Mail to Bundaberg Regional Council, PO Box 3130, Bundaberg QLD 4670
- By Fax: 07 4150 5410 – with signatures only
- In person: At your local Customer Service Centre between 8:15 am and 4:45 pm Monday to Friday
 - Bundaberg Administration Centre, 190 Bourbong Street, Bundaberg
 - Bargara Service Centre, 160 Hughes Road, Bargara
 - Childers Service Centre, 45 Churchill Street, Childers
 - Gin Gin Service Centre, 4 Dear Street, Gin Gin

BUNDABERG REGIONAL COUNCIL USE ONLY			
HEALTH & REGULATORY SERVICES			
Entered by H&R Admin			
Licence Number	24.	Total Amount Payable	
Receipt Type	221	GL	10331.3201.1452
CUSTOMER SERVICE			
Receipt Number		Date Paid	