

Bed and Breakfast

This application is made under *Whitsunday Regional Council Local Law No. 1 (Administration) 2014*. A copy of these laws may be found on website: <http://www.dip.qld.gov.au/local-government/local-laws-database.html> and select 'Whitsunday Regional Council' to search.

If you have any questions about how to complete this form, please contact Council's Health and Environment Department on 07 4945 0259.

Please complete this application in BLOCK LETTERS and tick or fill in boxes where applicable. If a question does not apply, please indicate 'n/a'.

APPLICATION TYPE

- | | | | |
|--|----------|---|----------|
| <input type="checkbox"/> New Licence Application
(Once only fee – not refundable) | \$383.00 | <input type="checkbox"/> Annual Renewal fee | \$383.00 |
|--|----------|---|----------|

Note: All fees current until 30 June 2019

APPLICANT DETAILS

Name: _____

Business Name: _____

Postal Address: _____

Locality/Suburb: _____ State: _____ Postcode: _____

Email Address: _____

Business Phone: _____ Fax: _____ Mobile: _____

Signature: _____ Date: _____

Privacy Statement

Your information is being collected for the purpose of processing your application. Your information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission to or the disclosure is required by law.

SITE LOCATION OF BUSINESS

Business Name: _____
Address: _____
Locality/Suburb: _____ State: _____ Postcode: _____
Lot No: _____ Registered Plan No. (RP): _____ Parish: _____
Contact Person: _____ Phone: _____

PROPERTY OWNERS CONSENT – If not the applicant

Name: _____
Postal Address: _____
Locality/Suburb: _____ State: _____ Postcode: _____
Email Address: _____
Business Phone: _____ Fax: _____ Mobile: _____

I/We being the owner/s of the property described in this application, hereby consent the abovementioned applicant making an application for a Workers Camp/Staff Accommodation Licence on my premises.

Applicant Signature: _____ Date: _____

ACCOMMODATION PREMISES DETAILS

Total number of rooms: _____

Total number of occupants (maximum): _____

Amenities - Does each room contain:

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Toilet | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Shower with hot and cold water | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Kitchenette | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Parking space for each occupant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SITE PLAN