Development Services Department

HW18

TRIM Reference: _____

APPLICATION FOR GRANT OR RENEWAL OF CARAVAN PARK &/OR CAMPING GROUND LICENCE

Caravan Parks and Camping Ground Act 1995, sec.7(1)(a)

☐ New Licence ☐ Renewal of Licence

APPLICANT DETAILS

Applicant Name: _____

Address: _____

Postal Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

BUSINESS DETAILS

Premise Name: _____

Location: _____

Land Description: _____

Phone Number: _____ ABN: _____

Email Address: _____

Total Area of Premises: *square metres* _____

Total Number of: (a) Long Stay Sites _____

                        (b) Short Stay Sites _____

                        (c) Camp Sites _____

                        (d) Overflow Sites _____

                        (e) Park Home Sites _____

LAND OWNER/S DETAILS *Only necessary if applicant does not own the land referred to above*

Owner 1 Name: _____

Address: _____

Postal Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Owner 2 Name:

Address:

Postal Address:

Phone Number: Mobile Number:

Email Address:

NEW APPLICATION SUPPORTING DOCUMENTS

Not necessary if application is for renewal of licence with no changes to site type and number of approved sites.

☐ The written approval of the owner of the land referred to in this application for the applicant/s to make this application, or proof that the applicant/s is/are the owner/s of the land.

☐ A plan of the proposed facilities showing:

- The sites and where applicable, denoting the types of sites;
- The buildings;
- The roads and paths;
- The drainage and waste water disposal systems; and
- The location of fire hoses, fire hydrants and extinguishers.

APPLICATION/RENEWAL FEE

☐ Application/Renewal: $200.00

The application will NOT be assessed until payment has been made..

DECLARATION

I, the person making this application, declare that the information contained in this application is true and correct in every particular way.

Signature: Date:

Position in Company:

In the case of a company, the signing officer must state position in the company.

OFFICE USE

GL Account No: **5500-100058-43310**   Date Paid:

Receipt Number: Officers Initials: