



**APPLICATION FORM**  
**Approval of Rental Accommodation**  
**July 2011 to June 2012**

To: Chief Executive Officer, Cairns Regional Council

**Application for:**

**BED & BREAKFAST**

**FARM STAY**

**HOLIDAY ACCOMMODATION**

**SHORT-TERM ACCOMMODATION**

*(May include:  
 International or Resort Hotel/Motel,  
 Holiday Apartments/Suites)*

*Please Circle* BOARDING HOUSE  
 SERVICED ROOMS  
 GUEST HOUSE  
 HOSTEL

**TAVERN**

**Transfer of Approval – Accommodation**

**Section 1 - Applicant's Details** *(Please print)*

Applicant name (persons or company):

Date of Birth:

Contact name for this application:

Director/s name:

ABN:

Telephone:

Mobile:

Facsimile:

Email:

Postal Address:

**Section 2 – Business Details** *(Please print)*

Telephone:

Mobile:

Facsimile:

Email:

Company name: *(if applicable)*

Trading name: *(if applicable)*

Business Address:

Real property description: Lot no.

Registered plan no.:

Manager's name in full: *(if different from contact above)*

**Section 3 - Facilities**

Maximum number of persons accommodated:

Number of bathrooms:

Number of single bedrooms:

Number of female toilets:

Number of showers

Number of male toilets

Number of double bedrooms:

Number of kitchens:

Number of other bedrooms, (eg dorm):

Number of dining rooms:

Number of hand wash basins

Laundry facilities (ie, washing machines, dryers):

Other facilities provided (ie, bbq, pool, entertainment room):

**Section 4 - Transfer of Approval Only** *(Please print)*

I / We ..... (Name of the Current Approval holder), being the holder of Registration number ..... issued under the *Local Law No 6 (Rental Accommodation) Local Government Act 1993*, apply for transfer of the approval to the proposed transferee as listed as the "Applicant" in Section 1 of this application.

**Signature of APPROVAL HOLDER:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Signature of TRANSFEREE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section 5 - Fee Schedule**

**\*Former DSC**

BED & BREAKFAST / FARM STAY		<b>\$ 249.00</b>	<b>*181.00</b>
HOLIDAY ACCOMMODATION	Registration Fee	<b>\$ 357.00</b>	<b>*239.00</b>
SHORT TERM ACCOMMODATION	Plus per room		<b>\$ 10.50</b>
TAVERN			
TRANSFER ACCOMMODATION APPROVAL			<b>\$ 119.00</b>

**Note:** All accommodation approvals capped at \$1,250.00.

**Cairns Regional Council – Information Privacy Statement**

Your personal information has been collected for the purpose of assessing your Application for Approval of Rental Accommodation and Transfer of Approval of Rental Accommodation. The collection of your information is authorised under Local Law No 6 (Rental Accommodation) and the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal 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 or the disclosure is required by law.

**Checklist**

- A copy of a recent Pest Control Report from a licensed pest control operator must be provided.
- For New Premises, please enclose copies of detailed drawings of the premise and facilities including bed locations and submit with a plan application and fee of \$314.00.
- For New Premises, please supply a copy of letter of approval to operate rental accommodation from the owner of the land, if applicable.

I declare that the information provided by me in this application is true and correct. Yes \_\_\_\_\_ No \_\_\_\_\_

I consent to the making of enquiries and exchange of information with the authorities of any State Territory , commonwealth or foreign country in regards to any matters relevant to this application. Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature:** ..... **Date:** .....



OFFICE USE	Receipt Code:	Fee Paid	Date	Receipt Number	Health Number
	T163 (New Applicant) or T80 (Existing Account)	\$			