



# Application for Shared Facility Accommodation Approval

Mackay Regional Council Local Law No. 1 (Administration) 2011;  
Subordinate Local Law No. 1.11 (Operation of Shared Facility Accommodation) 2011.

**Privacy Notice:** Mackay Regional Council is collecting this information in order to process your Application. Please be advised that Council under Legislation may be required to provide your details to a relevant State Department/Agency when requested or to a collection agency that has been employed by Council for the recovery of unpaid fees. In all other circumstances, this information will only be disclosed to a third party with your written authorisation or as required by law.

**P:** 1300 622 529 | **E:** [council@mackay.qld.gov.au](mailto:council@mackay.qld.gov.au) | **F:** 07 4944 2400 | PO Box 41 Mackay QLD 4740 | **ABN:** 56 240 712 069  
**CS Centres:** Mon-Fri, 8:30am-4:30pm | Civic Precinct, Gordon St, Mackay | 65 Broad St, Sarina | 20 Victoria St, Mirani

For your application to be assessed you must:

- Complete all relevant sections;
- Provide all supporting information referred to on this form; and
- Submit with the relevant fee.

Contact council if you have any specific enquiries regarding fees or how to complete this form. Please type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

## SECTION A – APPLICATION TYPE

**NEW APPLICATION**

Complete **SECTIONS B, C, E, F and H** and provide supporting information.

**AMENDMENT** (e.g. change to operation)

Complete **SECTIONS B, C, E, F and H** and provide supporting information.

**TRANSFER**

Complete **SECTIONS B, C, D, E, F and H**.

## SECTION B – APPLICANT DETAILS

Title:  Mr  Mrs  Ms  Miss  Other:

Family Name:  Given Name/s:

Postal Address:

Suburb:  Post Code:

Home Phone:  Mobile:

Email:

*If there is more than one applicant, please fill in the details of the second applicant here*

Title:  Mr  Mrs  Ms  Miss  Other:

Family Name:  Given Name/s:

Postal Address:

Suburb:  Post Code:

Home Phone:  Mobile:

Email:

## SECTION C – BUSINESS DETAILS

Trading Name:  ABN:

Trading Address:

Suburb:  Post Code:

Real Property Description (Lot/Plan):

Business Phone:  Business Fax:

*Postal address where you can receive legal documents.*

Postal Address:

Suburb:  Post Code:

*Contact person for business if not the applicant and/or if the applicant is a company.*

Contact Person:  Position:

Contact Phone:  Email:

## SECTION D – TRANSFER OF APPROVAL

Current approval holder's full name and signature is required if transferring approval.

- I consent to the transfer of this shared facility accommodation approval \_\_\_\_\_ to the applicant in this application.

Current Approval Holder:

Signature:

Date:

## SECTION E – OPERATION DETAILS

Details of the type of shared facility (e.g. B&B, farm stay, backpacker hostel).

Type of shared facility:

Number of beds:

Number of rooms:

## SECTION F – LANDOWNER CONSENT

Landowner consent is required if the applicant is not the owner.

Landowner Name:

Signature:

Date:

## SECTION G – ATTACHMENTS

### Please provide:

- A plan of the proposed shared facility accommodation (drawn to scale) showing:
  - Location and area of each access way;
  - Particulars of the proposed use of each room and the maximum number of persons to be accommodated in each bedroom;
  - Particulars of all lighting and ventilation, sanitary facilities, fire safety installations, shared facilities, water supply facilities and on site sewerage facilities.
- Evidence that approvals have been obtained for each of - Town Planning, Building, Plumbing and Trade Waste as required. If you believe that any one, or all, of these approvals are not required to support this application, you must provide written evidence in support of your claim;
- Certificate of compliance issued under the *Fire and Rescue Service Act 1990*;
- If the operation of this approval incorporates the provision of a swimming pool for the use of guests, you are also required to make an application to operate a public swimming pool; and
- If the operation of this approval incorporates the preparation of food for sale, a food business licence is also required.

## SECTION H – APPLICANT DECLARATION

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

Applicant Name:

Signature:

Date:

## PAYMENT OPTIONS

For a complete list of fees and charges, please refer to council's [Fees and Charges](#).

**CREDIT CARD** | We accept Visa or MasterCard. We do not accept American Express.

**CHEQUE** | Make your cheques payable to Mackay Regional Council.

**CASH OR EFTPOS** | You can pay at any of Council's Customer Service Centres.

## OFFICE USE ONLY

Reference number: LC/H&RS/PP

Date:

Amount:

File number:

Receipt number:

Cashier: