APPLICATION FOR CARAVAN PARK LICENCE



Please complete all details in full.

APPLICANT'S DETAILS

Name of Applicant/s

Privacy Statement

Maranoa Regional Council is collecting your personal information in accordance with the *Local Government Act* 2009 in order to assess your request. The information will only be used by authorised officers for the purpose of assessing your request. Your information will not be given to any other person or agency unless you have given us permission or we are required or allowed to by law.

Maranoa Regional Council

ABN: 99 324 089 164

Correspondence: PO Box 620, Roma QLD 4455; or PO Box

42, Mitchell QLD 4465 **Phone:** 1300 007 662 **Fax:** 4624 6990

Email: council@maranoa.qld.gov.au **Web:** www.maranoa.qld.gov.au

Company Name					
Postal address					
Phone		Fax			
Mobile		Email			
RESIDENT MANAGER DETAILS/DECLARATION					
Name/s					
Postal address					
Phone		Fax			
Mobile		Email			
I Agree to accept responsibility as the resident manager for the Caravan Park listed in this application.					
Signature		Date			
PROPERTY DETAILS					
Business Name					
Property Address					
Town F		Postcode			
Assessment Number					
Property Description	Lot		Plan		
Hours of Operation:					
What is the intended Comme	encement date to start trad	le?			
Has Diamain a Demoissian has a granted Vas/Nis (if yes a less a grantide refere					
Has Planning Permission been granted: Yes/No (if yes please provide ref no.):					
Has Building Approval been granted: Yes/No (if yes please provide ref no.):					
That Ballating / Approval Booth granted: 100/140 (ii you ploace provide for 110.).					
Has Plumbing and Drainage Approval been granted: (if yes please provide ref no.):					
Has Trade Waste Approval been granted: (if yes please provide ref no.):					

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CARAVAN PARK DETAILS				
Number of Sites	Powered	Unpowered		
	Camping permanent	Ensuited		
	Onsite Caravan/cabin			
Number of Male	Toilets	Showers		
	Urinals	Wash/Hand basins		
Number of Female	Toilets	Showers		
	Wash/Hand basins			
Number of Clothes Lines				
Number of Washing Machines				
Summary/details of communal cooking details:				

OFFICE USE ONLY			
Date Received:	TRIM Application: TRIM Permit:		
Receipt Number:	Authority Register Number:		