

Approval to Operate Rental Accommodation Application

Local Law 1 (Administration 2012) and
Subordinate Local Law 1.11
(Operation of Rental Accommodation) 2012



Address all communications to
The Chief Executive Officer

PO Box 974, Ayr Qld 4807
T (07) 4783 9800 | F (07) 4783 9999
enquiries@burdekin.qld.gov.au

NOTE: SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE APPROVAL. USE OF PREMISES AS RENTAL ACCOMMODATION IS NOT PERMITTED UNLESS WRITTEN APPROVAL IS GRANTED.

This application is for approval to OPERATE: (Please ✓ or ✗)

<input type="checkbox"/> Backpacker	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Boarding House
<input type="checkbox"/> Farm Stay	<input type="checkbox"/> Guest House	<input type="checkbox"/> Hostel
<input type="checkbox"/> Workers Camp	<input type="checkbox"/> Other (Please specify)	

Section 1: Applicant Details (Please print)

Full Name:			
Postal Address			
Telephone:		Mobile	
Email:			

Section 2: Business Details (Please print)

Name of Accommodation:			
On-site contact:			
Telephone:		Mobile	
Business Email:			
Postal Address:			
Street address for the rental accommodation:			
Real Property description:			
ABN		Mobile	
Are you (the Applicant) the owner of the property referred to in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, owner is required to complete Section 3 below or attach a letter from the owner giving approval for the rental accommodation on their property.			

Section 3: Owners' Consent

I, _____, owner of _____

Insert name *Insert property address*

consent to this application for approval to operate rental accommodation on my property.

Signature:		Date:	
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Section 4: Operational Information	
Number of rooms to be used as bedrooms/dormitories:	
Maximum number of persons accommodated:	
Schedule 1 is also required to be completed and returned with this application.	

Section 5: Checklist
Yes I have (please tick all that apply)
<input type="checkbox"/> completed all Sections of this Application <input type="checkbox"/> provided consent from Landowner (if applicable) <input type="checkbox"/> attached a site plan to scale of not less than 1:100 <input type="checkbox"/> completed Schedule 1 <input type="checkbox"/> the fee ready to submit with this application <input type="checkbox"/> Checked with both Building and Town Planning sections of Council to confirm compliance with their requirements.

Section 6: Declaration and Signature			
Declaration: I/we hereby apply for permission to operate rental accommodation as described above and in Schedule 1. I/we understand that should approval be granted that the premises shall not be changed unless prior approval in writing is obtained from Council's Environment and Health section. I/we, the abovenamed applicant/s, do sincerely declare that the information shown above is true and correct. I/we also enclose the non-refundable application fee. I understand that this fee does not guarantee permit approval.			
Signature of Applicant/s:		Date:	

Information Privacy Act 2009. Burdekin Shire Council is collecting the personal information you provide on this form in accordance with Subordinate Local Law 1.11 (Operation of Rental Accommodation) 2012 for the purpose of assessing your application and monitoring compliance. Your information will not be disclosed to a third party without your consent unless required or authorised by law.							
Office Use Only							
Fee Paid	\$	CSO Initials		Applic. No		Prop ID No	
Receipt No				Action	New: EO Renewal: LIC	Land ID No	
Date Paid	/ /			Noted	New: LIC Renewal: EO	Function ID No	645

Schedule 1

Operation of Rental Accommodation Details of Operation/Facilities to be provided on site

Site Details:	
Premises Name:	
Premises Address	

Bedrooms:		
Number of single rooms:		
Number of Double/twin rooms:		
Number of Dormitories:		
All bedrooms are provided with their own entry/exit, that is an occupant does not have to pass through another bedroom.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
All bunk beds comply with <i>Australian Standard 4220/2010: Bunk beds and other elevated beds</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A floor plan showing all bedrooms, beds, location/layout of kitchen bathroom and laundry is attached.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Bathrooms:				
Facilities	Shower	Hand basin	Toilet	Urinal
Male				
Female				
Unisex				

Laundry: (provide details of number to be provided on site)		
Item	Minimum Requirements	Number
Laundry tub/s	At least 1 with hot and cold water	
Washing Machine/s	1/15 people with hot and cold water	
Drier/s	1 x 100 litre/15 people	
Clothes line:	7.5m per bedroom	metres

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Kitchen:		
Item	Minimum Requirements	Number
Sink	1 x double bowl / 15 people	
Burners/hot plates	2/15 people	
Oven/s	1/50 people	
Microwave/s	1/15 people	
Cupboard space	0.015m ² /person	m ²
Total refrigerator space (excluding freezer)	15 litres/person	litres

General		
<p>Is the property to be serviced by Council's reticulated water? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If No, please provide details on how you will provide an adequate supply of potable water for drinking, including the source of the water and all treatment methods. If available, please attach results of any recent water tests.</p>		
<p>Have you provided:</p> <p>A secure room for the storage of large items, for example back pack? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>A safe or other secure area for the storage of smaller items/valuables? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How will you keep records of occupants/residents of the facility?</p> <p>Computer <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Book <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Other (please provide details):</p>		

Signature			
<p>I acknowledge that the information provided in this schedule will be used to assess my Application for Approval. Any changes to the facilities and other information, without prior approval from Council's Environment and Health section may affect the Approval.</p>			
Applicant's Name:			
Applicant's Signature:		Date:	