

Application to Transfer Registration of a Caravan Park

Residential Tenancies Act 1997

Questions marked with an asterisk (*) are mandatory and must be completed

CURRENT Proprietor details

I/We, the undersigned proprietor/s hereby apply to transfer the registration under the provisions of the Residential Tenancies Act for the premises described hereunder:

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Directory of company)

Authority	Company name (if applicable)
<input type="text"/>	<input type="text"/>

e.g. Director of company

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number (include the area code) & email

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

PROPOSED NEW Proprietor details

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

If the proprietor is a company or association, specify name of person completing the application and authority (e.g. Directory of company)

Authority	Company name (if applicable)
<input type="text"/>	<input type="text"/>

e.g. Director of company

Street address / Postal address

Suburb / Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide at least one phone number (include the area code) & email

Business phone	Home phone	Business fax	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Premises Details

Trading name of premises *

Premises address

Street address *

Suburb / Town *

State *

Postcode *

Contact person at premises (if not the proprietor)

Title

Surname

Given name(s)

Please provide at least one phone number and include the area code

Business phone

Home phone

Business fax

Mobile

Email

Caravan Park Details

Number of *:

Long Term Sites

Short Term Sites

Camp Sites

Does the premises provide food to guests and/or the public? *

(e.g. canteen or kiosk)

Yes

No

Supporting Documents

Documents that are required to be included with this application

Please tick the documents you have included

- A metric site plan of the caravan park
- The most recent report from the relevant fire authority
- The emergency management plan
- Schedule of Works (if applicable)

Note: Failure to supply these documents to Council may restrict Council's ability to Renew your Registration.

Declaration

If the business is owned by a sole trader or a partnership, the proprietor(s) must sign and print name(s).

If the business is owned by a company or association - the applicant on behalf of that body must sign and print their name.

CURRENT Proprietor

Signature
Print Name
Date

Signature
Print Name
Date

PROPOSED NEW Proprietor

Signature
Print Name
Date

Signature
Print Name
Date




Proposed transferring date:

Payment details

Please contact the Environmental Health Department on (03) 5593 7100 for applicable Transfer Fees.

Return with payment to:

Environmental Health
Corangamite Shire Council
PO Box 84
CAMPERDOWN VIC 3260

 (03) 5593 7100
 (03) 5593 2695
 shire@corangamite.vic.gov.au