Application for Grant or Renewal of Licence

Shire of Donnybrook Balingup, Caravan Parks & Camping Grounds Act 1995, sec. 7.(1)

APPLICATION TYPE	
☐ Application for Grant of Licence	☐ Application for Renewal of Licence

APPLICANT DETAILS		
Facility Name (proposed/actual):		
Applicant Name(s):		
Postal Address:		
	Townsite:	Postcode:
Email:		
Phone 1:	Phone 2:	

FACILITY LOCATION DETAILS
Provide the full address or description of the land the facility is situated on, or is to be situated.

LANDOWNER DETAILS		
This section is necessary if the applicant does not own the land referred to above. The details of each landowner are to be provided in respect of each land only.		
Landowner Name(s):		
Postal Address:		
	Townsite:	Postcode:
Email:		
Phone 1:	Phone 2:	

NUMBERS & TYPES OF SITES	
Long Stay:	Short Stay & Transit:
Camping:	Overflow:

(08) 9780 4200 www.donnybrook-balingup.wa.gov.au shire@donnybrook.wa.gov.au 1 Bentley Street, Donnybrook, 6239

DECLARATION

When lodging this form, please ensure that all required information and attachments have been provided (the following is required for new licence applicants, or at the request of Council). Failing to do so may result in delays to your application.

1. The written approval of the owner of the land referred to in this form for the applicant(s) to make the application, or proof that the applicatnt(s) is/are the owner(s) of that land.
2. A plan of the proposed facility showing:
   a. The sites, denoting the type where applicable,
   b. The buildings,
   c. The roads and paths,
   d. The drainage and waste water disposal systems,
   e. The location of fire hoses, fire hydrants and extinguisher.

Please be aware that by submitting this application, you will be required to pay a **fee**. You will be contacted by the Shire for payment.

Fee per site, per annum:	**Long Stay:**	$ 6.00	**Short Stay & Transit:**	$ 5.00
	Camp Site:	$ 3.00	**Overflow:**	$ 1.50
Minimum Application Fee (per annum):		$ 200.00		
Additional Fee for renewal after expiry:		$ 20.00		
Transfer of Licence:		$ 100.00		

I/We, the Applicant(s), declare that all details in this form are true and correct.

Signature 1: _____ Date: _____

Signature 2: _____ Date: _____

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