

Application to register a caravan park or camping ground

Residential Tenancies Act 1997

Owner	Title	
o wilo.	Name (s)	
	Surname	
Postal address	:	
	Town	Postcode
Email		
Telephone	Phone	Mobile
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_	ontact (if different from above)	
_		
Owner	Title Name (s) Surname	
Owner	Title Name (s) Surname	
Owner	Title Name (s) Surname	Postcode
Owner Postal address	Title Name (s) Surname	Postcode
Owner Postal address Email	Title Name (s) Surname	Postcode Mobile
Owner Postal address Email	Title Name (s) Surname Town	
Owner Postal address Email Telephone	Title Name (s) Surname Town	
Owner Postal address Email Telephone re you complete	Title Name (s) Surname Town Phone	Mobile
Owner Postal address Email Telephone re you complet usiness type (p	Title Name (s) Surname Town Phone ting this form on behalf of the business owner?	Mobile

Business details

Business		
trading name		
Company name		
(if different to		
trading name)		
Business		
Trading address		
(if different from		
owner's postal		
address)	Town	Postcode
Australian		
Business		
Number (ABN)		
if available		
Australian		
Company		
Number (ACN)		
if available		

Please note: trust funds are not acceptable as company or proprietor name.

Site Details

Number of long-term sites:	Number of short-term sites:	Number of camp sites:

Documents

The following documents must be included with this application under Regulation 11 and Regulation 12 of the Residential Tenancies Act 1997.

- Site plan of the caravan park indicating the location and number of buildings and facilities (including long term, short term and camp sites) and facilities (including numbers and locations)
- Safety report: a caravan park fire safety report from the CFA
- Emergency management plan for the caravan park
- Schedule of works for the caravan park (if applicable)

Declaration

I understand and acknowledge that:						
 The information provided in this application is true and complete to the best of my knowledge This application forms a legal document and penalties exist for proving false or misleading information I am over 18 years at the time of completing this application 						
By marking this checkbox, I confirm that I have read and understood the above statements*						
Name of person completing this application*						
Signature of person completing this application*		Date*				

Lodgement

- Email: council@wangaratta.vic.gov.au;
- In person at Wangaratta Government Centre, 62-68 Ovens Street, Wangaratta. Opening hours are Monday to Friday, 8.30am - 5pm.
- By post: PO Box 238, Wangaratta Vic 367