

# Hostel accommodation

## Licence application

Local Law No. 16 (Licensing) 2008

Council of the City of Gold Coast  
ABN 84 858 548 460  
PO Box 5042 GCMC QLD 9729  
P 1300 GOLDCOAST

E [mail@cityofgoldcoast.com.au](mailto:mail@cityofgoldcoast.com.au)

W [cityofgoldcoast.com.au](http://cityofgoldcoast.com.au)

Licensee details			
<i>Person/s or organisation/company applying to be the licence holder (must be a legal entity). Provide the full names of all proposed licensees. If address and contact details differ for each licensee, provide these details as an attachment.</i>			
Licensee name(s)			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email

Business name details			
Provide your business name (trading name). Include address /contact details if different from licensee.			
Business name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	

Contact person details			
Provide details if contact person is different from the licensee.			
Contact name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email

On-site manager details			
Provide details of the on-site manager.			
On-site manager name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	

Location details			
Provide the location of your hostel accommodation.			
Location name			
Unit number		Street number	
Street name			
Suburb			
Parcel (RPD)	Lot	Plan	

Hostel accommodation details	
Provide details of your hostel accommodation below ensuring all relevant information is provided.	
<p><b>Have you (the applicant) within the last two (2) years held a rental accommodation licence under <i>Local Law no.16 (Licensing) 2008</i> which has been cancelled under Section 13 of this local law, or been convicted of three or more offences against <i>Local Law No.16 (Licensing) 2008</i> in respect of the operation of rental accommodation?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cancellation of licence/offence details	
Number of bedrooms	
Is the land owner aware of this application and have they granted their consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Supporting information	
Supporting information is required to be submitted with this application, as indicated below and throughout this form. Failure to provide the required information may delay the processing of your application. Indicate below the supporting information you have attached to this application	
<input type="checkbox"/>	Site plan/floor plan detailing access to and egress from the accommodation, proposed use of each room, location and type of all rooms, sanitary facilities, laundry facilities and shared facilities
<input type="checkbox"/>	Certificate of compliance issued by Queensland Fire & Rescue Service
<input type="checkbox"/>	Certificate of classification of building

**Fees**

No fees are required for this application.

**Declaration**

This section must be completed by, or for each applicant. Where a person is signing on behalf of a corporation or person (the 'signatory'), they must occupy a position that is legally entitled to make that application and complete the details below. Documentation must be provided if a power of attorney (POA) signs on behalf of a person.

I understand and verify that:

- I am duly authorised to make this application
- The statements and information provided are accurate, true and complete
- I have received all relevant third party consents and authorisations
- It is an offence to knowingly provide false or misleading information
- Approval of this application does not extend to the approval of any other statutory or local government requirements relating to this premises or activity

**Applicant one** (person or organisation)

<b>Licensee name</b>			
<b>Signature</b>		<b>Signatory name</b>	
<b>Date</b>		<b>Position/role</b>	
<b>Additional applicant</b> (if required)			
<b>Licensee name</b>			
<b>Signature</b>		<b>Signatory name</b>	
<b>Date</b>		<b>Position/role</b>	

**Privacy statement**

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the Information Privacy Act (Qld) 2009 and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to [cityofgoldcoast.com.au/privacy](http://cityofgoldcoast.com.au/privacy).

Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

**Office use only**

<b>Date received</b>		<b>Fee paid</b>	
<b>Received by</b>		<b>Receipt number</b>	