

Boarding House Registration Form
Privacy Statement

The information requested by Council on this form may constitute personal information under the *Privacy and Personal Information Protection Act 1998*. Council is allowed to collect the information from you to consider this matter. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown.

Please indicate purpose for submitting this form ☐ New premises ☐ Change of proprietor

Premises Details

Business Trading Name:			
Street Address:			
Suburb:		Postcode:	
Business Phone:		Fax:	
Email:			
ABN/ACN:			

Proprietor Details

Proprietor 1 - All correspondence and invoices will be sent to this address (no PO Boxes/shop address details accepted)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Surname:		First Name:		
Address:				
Phone:		Mobile:		

Proprietor 2 (if applicable. No PO Boxes/shop address details accepted)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Surname:		First Name:		
Address:				
Phone:		Mobile:		

Company Details (if applicable)

Name:	
Registered Office Address:	

Manager's Details (Emergency Contact)

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="checkbox"/> Other
Surname:		First Name:		
Address: (if not living onsite)				
Phone:		Mobile:		

New Premises/Change of Use

Development Consent obtained:	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes - DA number:
Premise fit out Construction Certificate obtained:	<input type="checkbox"/> N/A	<input type="checkbox"/> No	<input type="checkbox"/> Yes - CC number:
Registration with Office of Fair Trading: (please submit a copy with this application)	<input type="checkbox"/> No	<input type="checkbox"/> Yes - Registration number:	

Applicant Declaration

I declare that to the best of my knowledge, the information provided in this application is accurate and correct and I am duly authorised to submit this form.

Name:		Signature:	
Position:		Date:	

<p>How to lodge this registration form</p>

<p>The General Manager Campbelltown City Council</p>	
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Please forward this registration form by way of:

Mail: PO Box 57, CAMPBELLTOWN NSW 2560

Document Exchange: DX5114, CAMPBELLTOWN NSW 2560

Courier or Personal Delivery:

Council Office
Cnr Queen and Broughton Street

CAMPBELLTOWN NSW 2560

Email: council@campbelltown.nsw.gov.au

Office Use Only

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Inspected by:		Inspection passed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature:		Date:		
Data entered by:		Licence number:		
Next inspection date:				