

## APPLICATION FOR GRANT OR RENEWAL OF LICENCE

*Caravan Parks and Camping Grounds Act 1995, Sec. 7(1)(a)*

**2020/2021**

PROPERTY DETAILS	
Trading Name:	
Facility/Proposed Facility Address:	

APPLICANT DETAILS		
Applicant/s Full Name:		DOB:
Postal Address:		
Mobile:	Home:	Work:
Email:		ABN:
APPLICANT DECLARATION		
I/We declare that all details in this form are true and correct.		
Signature of Applicant:		Date:

LAND OWNER DETAILS	
Land Owner/s Full Name:	
Postal Address:	
Mobile:	Home:
Work:	Email:
LAND OWNER DECLARATION	
I/We declare that all details in this form are true and correct and give permission for the usage of the land under the <i>Caravan Parks and Camping Grounds Act 1995, Sec. 7(1)(a)</i>	
Signature of Land Owner/s	Date:

REQUIRED SUPPORTING DOCUMENTATION/ACKNOWLEDGMENT OF APPLICATION REQUIREMENTS	✓ / ✗
If the land is owned by a company/corporation, proof of authorised signatories.	
Site Plan denoting; sites/types of sites and the buildings.	
Site Plan denoting; roads and paths.	
Site Plan denoting; the drainage and waste water disposal systems.	
Site Plan denoting; the location of fire hoses, fire hydrants and extinguishers.	
Payment of Annual Registration fee \$200 (this will be invoiced upon application). Applications are not deemed received by the City until payment has been made in full.	
Supporting documentation and payments should be submitted no less than <b>10 working days prior to the required approval date</b> . Applications are not deemed received by the City until all documentation has been correctly completed/provided to the City.	

**Please submit completed applications to [healthapplications@canning.wa.gov.au](mailto:healthapplications@canning.wa.gov.au)**  
**In Person at City of Canning 1317 Albany Highway CANNINGTON**  
**Or Via Post to Locked Bag 80, WELSHPOOL WA 6986**