

NORFOLK



ISLAND

Schedule 4

Form 2

Regulation 25A

TOURIST ACCOMMODATION ACT 1984
APPLICATION FOR REGISTRATION OF A TOURIST ACCOMMODATION HOUSE

To: The Executive Member,

I/We. 1 .....

Full name(s) owner/s

of .....

Residential address

being the owner, hereby apply to register the following tourist accommodation house

.....

Name of applicable tourist accommodation house

on portion(s) no. .... of .....

Name of road

- 1. What is the classification of the tourist accommodation house? (Please tick [X])
[ ] Self-Contained Apartment(s) [ ] Guest House/Lodge [ ] Hotel [ ] Homestay

~~2. Does the tourist accommodation house hold a quota position?~~

~~(Please tick [X]) [ ] Yes [ ] No~~

~~3. The tourist accommodation house holds a quota position for a total of ..... units, intended to accommodate a maximum amount of ..... guests.~~

1 Where the owner is not a natural person, state the address of the registered office (in the case of a company) or address for service of notices (in the case of a partnership or other body) and provide detailed information in relation to company including directors, shareholders, voting procedures, management structure.

4. The total amount of units now ready for a registration inspection is ..... units, intended to accommodate a maximum amount of ..... guests.

5. Please ensure that each of these accommodation units is described in the attached Schedule.

6. Have you reviewed the checklist (available from the Tourism Officer) to ensure that these units comply with the prescribed requirements of the *Tourist Accommodation Regulations 1984*? **(Please tick )**  Yes  No

7. Have you obtained a copy of the *Tourist Accommodation Regulations 1984*? **(Please tick )**  Yes  No

8. Have you given 5 working days prior notice for your registration inspection? **(Please tick )**  Yes  No

9. Requested date of registration inspection: ..... Requested time: .....

10. The following Norfolk Island Administration departments have inspected the units and they meet the satisfaction of that department:	A copy of the department's inspection sheet is attached to this application:
<del>Building Inspector <b>(Please tick <input checked="" type="checkbox"/>)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</del>	<del><input type="checkbox"/> Documentation attached</del>
<del>Electricity <b>(Please tick <input checked="" type="checkbox"/>)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</del>	<del><input type="checkbox"/> Documentation attached</del>
Emergency Services <b>(Please tick <input checked="" type="checkbox"/>)</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Documentation attached

**In support of my application I provide the following information –**

11. Details of all persons (including any corporate bodies), who have an interest in the land, buildings or other improvements to the land, upon and in which the tourist accommodation unit will be conducted, whether or not such interest is of a legal or equitable nature.

.....  
..... **(Please tick  if documentation attached)**  Documentation attached

~~The share or shares in which each person or corporate body has an interest, and in the case of a corporate body or trust, the names, shareholdings, and addresses of each Director, office holder and shareholder, trustee or beneficiary, and a copy of the memorandum and articles of association of the corporate body or trust deed.~~

.....  
.....  
~~**(Please tick  if documentation attached)**  Documentation attached~~

~~12. Do any of the owners of tourist accommodation have an interest, whether or not such interest is of a legal or equitable nature, in any other tourist accommodation house other than the tourist accommodation house referred to in this application?~~

~~**(Please tick )**  Yes  No~~

~~If yes, provide details of the relevant accommodation house(s) and the interest of the owner/s in that tourist accommodation house.~~

~~(Please tick  if documentation attached)~~  Documentation attached

~~13. Have any of the owners of the tourist accommodation house been convicted of an offence in Norfolk Island or elsewhere?~~

~~(Please tick )~~  Yes  No

~~If yes, please provide details of the convictions:~~

~~(Please tick  if documentation attached)~~  Documentation attached

~~The executive member responsible for tourism is entitled to have regard to other factors, as prescribed by subsection 7(8) of the Tourist Accommodation Act 1984, in determining whether the applicant(s) is a fit and proper person to be the owner of a tourist accommodation.~~

14. Contact and postal details for the tourist accommodation house are:

P.O. Box No.  
Norfolk Island:

E-mail:

Telephone No.

Facsimile No.

~~15. Does the tourist accommodation house have Public Liability Insurance (\$5 million minimum)?~~

~~Yes  Copy of the public liability insurance policy is attached.~~

~~No  If no, please explain why there is no public liability insurance for the tourist accommodation house.~~

I hereby declare that the tourist accommodation house complies with, and will continue to comply with, the *Tourist Accommodation Act 1984*, the *Tourist Accommodation Regulations 1984* and the *Tourist Accommodation (Ownership) Act 1989*.

Dated this ..... day of ..... 20.....

Signature<sup>2</sup>

**Please Note:** You are reminded of your obligation under the *Tourist Accommodation Act 1984* to provide details of any change in circumstance including ownership, ~~management~~, company structure if applicable, ~~immigration status~~ including shareholder(s). Under section 30 of the *Tourist Accommodation Act 1984* it is an offence to make a false or misleading statement. Penalty: 20 penalty units.

<sup>2</sup> Where the owner is not a natural person, a person authorised in writing by the owner should sign. A copy of the authorisation should be attached.

**COMMON ROOMS FOR PUBLIC USE**

ROOM NAME	ROOM USAGE (Description)

**COMMON ROOMS FOR STAFF USE ONLY**

DESCRIPTION OF ROOM NAME

**DESCRIPTION OF EACH UNIT**

Unit Number or Name	Number of Lounges	Number of Bath-rooms	Any Other Rooms	Bedroom Name/ Number & Type of bed	Bedroom Measurements in <u>Square Metres</u>	Maximum Number of persons per Bedroom	Maximum Number of persons per Unit