

Application for Approval to Install/Operate an Amusement Device

Local Government Act 1993 Section 68

(OFFICE USE)

Application No Land No Date Received
Property No

A1. Approval Type

Application is hereby made for:

- Install an amusement device
 Operate an amusement device

A2. Applicant

Surname/s	<input type="text"/>	Given Name/s	<input type="text"/>
OR			
Company/ Organisation	<input type="text"/>	ABN	<input type="text"/>
Postal Address	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Facsimile	<input type="text"/>	Email	<input type="text"/>

A3. Owner's Consent

As the owner/s of the subject land, I/we give consent to the lodgement of this application and to an authorised officer of Council to enter the premises for the purposes of inspecting work relevant to this application.

Name/s ALL owners (please print)	<input type="text"/>
Company (if applicable)	<input type="text"/>
Signature/s ALL owners	<input type="text"/>

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A4. Land Description

Lot Number	<input type="text"/>	Section	<input type="text"/>	DP/NPP/SP	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Unit/Street No	<input type="text"/>		Street	<input type="text"/>	
Suburb/Town	<input type="text"/>				

NOTE! A site plan is to be attached to this application

A5. Amusement Device/s Details

	Name of Device	NSW Registration Number
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

A6. Additional Information

Does a current maintenance log book exist for the device/s Yes No

Is there a current contract of insurance or indemnity of at least \$10M for the device/s Yes No

Has the device/s been inspected in the last 12 months? Yes No

If 'Yes', date of inspection:

Has the device/s been previously installed on the same site? Yes No

If Yes, were any safety issues raised? Yes No

If 'Yes', please attach details. If 'No', provide a statement as to the adequacy of the site to handle the device/s

A7. Proposed Period of Operation

From To

NOTE! All operators must be appropriately and adequately trained to operate the amusement device/s

A8. Operator Details

If more than one operator please provide details of the principal operator

Surname/s	<input type="text"/>	Given Name/s	<input type="text"/>
Company/ Organisation	<input type="text"/>	ABN	<input type="text"/>
Postal Address	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Facsimile	<input type="text"/>	Email	<input type="text"/>

A9. Risk Management

What measures have been or are to be undertaken to ensure that the ground or other surface on which the device/s is to be or has been erected is sufficiently firm to sustain the device while it is in operation and is not dangerous because of its slope or irregularity or for any other reason?

What measures have been or are to be undertaken to ensure that the device/s have been or are to be erected in accordance with all conditions (if any) relating to its erection set out in the current certificate of registration issued for the device under that Regulation?

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A10. Attachments

Site plan showing the proposed location of the amusement device/s	<input type="checkbox"/>	REQUIRED
Copy of insurance certificate	<input type="checkbox"/>	REQUIRED
Copy of SafeWork NSW registration details	<input type="checkbox"/>	REQUIRED
Details of any safety issues raised, if required	<input type="checkbox"/>	
Statement of site adequacy, if required	<input type="checkbox"/>	

A11. Payment of Application

Once your application(s) has been lodged, you will receive a Tax Invoice(s) via email. Please indicate how you wish to pay.

- By Post Please post your cheque, made payable to Tweed Shire Council.
- In Person Cash, cheque, EFTPOS and credit cards (Visa and MasterCard) are accepted at either of the Customer Service offices between 8.30am and 4.00pm (AEST) Monday to Friday.

NOTE! A surcharge applies to payment via credit card.

A12. Applicants Declaration

I declare that all the information in this application is true and correct.
I understand that if the information is incomplete the application may be delayed or rejected.

Applicants Name

Date

**For a full list of fees applicable see Council's Fees and Charges at
www.tweed.nsw.gov.au**