

NAMBUCCA SHIRE COUNCIL

APPLICATION FOR APPROVAL TO INSTALL OR OPERATE AN AMUSEMENT DEVICE

under Section 68, Part F, of the Local Government Act 1993

NAME OF APPLICANT			
ADDRESS OF APPLICANT			
TELEPHONE	(home)	(work)	FAX
NAME OF EVENT			
DATE OF EVENT			
LOCATION			
NAME OF AMUSEMENT DEVICE			
REGISTRATION NO	X	EXPIRY DATE	
AMOUNT OF INSURANCE COVER		EXPIRY DATE	
INSURANCE COMPANY			POLICY NO
CONDITIONS OF APPROVAL <p>The following are standard conditions which will appear on the approval and will need to be addressed before submitting this application.</p> <p>a the ground or other surface on which the device 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.</p> <p>b the device is registered under the <i>Workplace Health & Safety Act 2011</i>, as amended and has a current log book.</p> <p>c all conditions subject to which the device is registered under <i>Workplace Health & Safety Act 2011</i>, as amended and all other relevant requirements of the Regulations are complied with.</p> <p>d the device is installed (including erected) and operated in a safe manner.</p> <p>e a current insurance contract or indemnity for at least \$20,000,000.</p> <p>The application fee is \$44.00.</p> <p>SIGNATURE OF APPLICANT: _____ DATE: _____</p>			

OFFICE USE ONLY

Paid \$44.00

Receipt No: _____

Date ____/____/____

	<u>YES</u>	<u>NO</u>
Registration sighted	<input type="checkbox"/>	<input type="checkbox"/>
Insurance of at least \$20m	<input type="checkbox"/>	<input type="checkbox"/>
Current Log Book	<input type="checkbox"/>	<input type="checkbox"/>
Registration conditions complied with	<input type="checkbox"/>	<input type="checkbox"/>
Erected on stable ground	<input type="checkbox"/>	<input type="checkbox"/>
Installed/operated in safe manner	<input type="checkbox"/>	<input type="checkbox"/>
Additional conditions	<input type="checkbox"/>	<input type="checkbox"/>

a

b

c

Special Conditions on registration permit that require inspection on site:

Recommended:

Approval/Refusal

AREA HEALTH SURVEYOR

DATE