

Contact Details:

Postal Address: PO Box 177, Macksville NSW 2447 Telephone: (02) 6568 2555

Office Location:

44 Princess Street, Macksville NSW 2447

Website:

www.nambucca.nsw.gov.au

Email:

council@nambucca.nsw.gov.au

Updated:July 2023 19418/2008

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 | | | | | | | |
| | | The second secon | 1 | | | | |
| PHONE Home | HONE Home | | Mobile Email | | | | |
| NAME OF EVENT | | | , | | | | |
| DATE OF EVENT | | | | | | | |
| LOCATION | | | | | | | |
| NAME OF AMUSEMENT DEVICE | | | | | | | |
| REGISTRATION NO | Х | | EXPIRY DA | TE | | | |
| AMOUNT OF INSURANCE COVER | | | EXPIRY DA | TE | | | |
| INSURANCE COMPANY | | | l | POLICY NO | | | |
| CONDITIONS OF APPROVAL | | | | | | | |
| The following are standard conditions which will appear on the approval and will need to be | | | | | | | |
| addressed before submitting this application. | | | | | | | |
| 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. | | | | | | | |
| b the device is registered under the Workplace Health & Safety Act 2011, as amended and has a current log book. | | | | | | | |
| c all conditions subject to which the device is registered under <i>Workplace Health & Safety Act</i> 2011, as amended and all other relevant requirements of the Regulations are complied with. | | | | | | | |
| d the device is installed (including erected) and operated in a safe manner. | | | | | | | |
| e a current insurance contract or indemnity for at least \$20,000,000. | | | | | | | |
| The application fee is \$45.00. | | | | | | | |
| | | | | | | | |
| SIGNATURE OF APPLICANT: DATE: | | | | | | | |



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| <u>OFFI</u> | CE USE OI | <u>NLY</u> | | | | |
|-------------|----------------|------------------------|-------------------|-------------|-------------|-----------|
| <u>Paid</u> | \$45.00 | Receipt No: | | <u>Date</u> | | |
| | | | | | <u>YES</u> | <u>NO</u> |
| | | | | | | |
| Regis | tration sigh | nted | | | | |
| Insura | ance of at l | east \$20m | | | | |
| Curre | nt Log Boo | k | | | | |
| Regis | tration con | ditions complied with | | | | |
| Erecte | ed on stabl | e ground | | | | |
| Install | ed/operate | ed in safe manner | | | | |
| Additi | onal condit | tions | | | | |
| а | | | | | | |
| | | | | | | |
| b | | | | | | |
| С | | | | | | |
| Speci | al Conditio | ns on registration per | rmit that require | inspectio | on on site: | |
| | | | | | | |
| | | | | | | |
| Reco | <u>mmended</u> | : | Approval/F | Refusal | | |
| AREA | HEALTH S | SURVEYOR | _ | | DATE | |