



PO Box 81
 DUBBO NSW 2830
 ☎ (02) 6801 4000
 Fax (02) 6801 4259
 Email council@dubbo.nsw.gov.au

AMUSEMENT DEVICE APPLICATION

Section 68, Local Government Act 1993

Application No: 76 / /

Parcel No/s:

The personal information that Council is collecting from you on this application form is personal information for the purposes of the Privacy and Personal Information Protection Act 1998 (PPIIP Act). The supply of the information by you is not voluntary but is required by the Local Government Act, and in accordance with such Act, is required to be contained in a Public Register to which the public has right of access. This personal information may be supplied under certain circumstances to other public sector agencies e.g. Australian Bureau of Statistics, Australian Taxation Office, in accordance with the PPIIP Act. Enquiries may be directed to Council's Public Officer concerning the PPIIP Act or Council's Privacy Management Plan or your right of access to your of personal information held by Council or its amendment.

LOCATION OF PREMISES:

.....
 (Street No) (Street Name) (Town)
 Locality/Premises:
 Lot No Section No DP

APPLICANT:

Name:
 Address for Service Phone (Bus):
 of Correspondence: Fax No:

Proposed Period of Operation of Device(s):

From am/pm on the(day) of(month) 20
To am/pm on the(day) of(month) 20

Number of Amusement Devices to be Installed/Operated: **Device "X" Number:**
 (NOTE: If more than one (1) device, the details overleaf on page 2 must be also be completed for each device)

Name of Insurance Company Providing Insurance/Indemnity Cover:

.....

Policy Number/s Covering Above Devices:

Date of Expiry of Policy: **Amount of Indemnity of Policy:** \$
Is the Device(s) a "Small Amusement Device" (as defined by the L.G. (General) Reg. 2005: NO YES

Land Owners Consent: As owner of the above property, I/we consent to this application.

Signature of Land Owner(s) **Date**

- I hereby apply for an approval to install and operate the amusement device(s) described in this application and I declare the following:-
- (a) the above amusement device(s) are currently Registered under the OH&S Regulations;
 - (b) the above amusement device(s) will be erected and operated in accordance with the current Conditions of Registration pertaining to such device(s);
 - (c) the subject amusement device(s) are all covered by a current contract of insurance or indemnity of not less than \$10 Million which extends to and includes the above nominated dates;
 - (d) there is provided with each of the above nominated amusement device(s), a current logbook within the meaning of the OH&S Regulations;
 - (e) evidence to substantiate that such amusement devices have a current Registration, Insurance coverage and a Logbook, is appended/presented with this application; and
 - (f) there will be a competent operator in attendance at each device whilst it is in operation.

Further, I undertake to ensure that either Myself, my employees, contractors or other agents prior to erecting the above device(s), inspect the ground upon which such device(s) are to be erected, and before proceeding with their erection, confirm the ground appears to be firm to sustain the device while it is in operation and not dangerous because of its slope or irregularity.

I declare the above information to be true and correct to the best of my knowledge and belief.

.....
Signature of Applicant Date

ATTENTION

The following Documentation MUST be submitted or presented with THIS APPLICATION:

- (a) evidence of a current Registration under the WH&S Regulations for each device;
- (b) evidence of a current Insurance Policy of at least \$10M for each device; and
- (c) evidence of a current Logbook under the OH&S Regulations for each device.

The Following is only to be completed where more than one Amusement Device is to be erected:

1)	Device Name:	Device "X" Number:
	Registration Certificate No:	
	Expiry Date of Registration:	
	Registered Owner (if not the Applicant):	
	If the Insurance Policy covering this device is not the same as that stated overleaf, please complete:	
	Insurance Amount: \$	Expiry Date:// Policy Number:
2)	Device Name:	Device "X" Number:
	Registration Certificate No:	
	Expiry Date of Registration:	
	Registered Owner (if not the Applicant):	
	If the Insurance Policy covering this device is not the same as that stated overleaf, please complete:	
	Insurance Amount: \$	Expiry Date:// Policy Number:
3)	Device Name:	Device "X" Number:
	Registration Certificate No:	
	Expiry Date of Registration:	
	Registered Owner (if not the Applicant):	
	If the Insurance Policy covering this device is not the same as that stated overleaf, please complete:	
	Insurance Amount: \$	Expiry Date:// Policy Number:
4)	Device Name:	Device "X" Number:
	Registration Certificate No:	
	Expiry Date of Registration:	
	Registered Owner (if not the Applicant):	
	If the Insurance Policy covering this device is not the same as that stated overleaf, please complete:	
	Insurance Amount: \$	Expiry Date:// Policy Number:

OFFICE USE ONLY

Fee Paid: \$ Date: Receipt No.: Cashier:

Cost No: 01.07285.5669.556