

Civic Centre Cnr Baylis & Morrow Sts PO BOX 20 Wagga Wagga NSW 2650 ABN 56 044 159 537 Ph 1300 292 442 Fax 02 6926 9199 council@wagga.nsw.gov.au www.wagga.nsw.gov.au

Amusement Devices Activity Approval

Install or operate an amusement device under Section 68 (Part F5) of the Local Government Act 1993

To be retained by Applicant

PART 1 - APPLICANT COPY

Please also complete PART 2 - Council Copy

Privacy and personal information protection Notice: The personal information provided is collected for the purpose of processing this application. The Development Application lodged by you or information contained therein may be provided to members of the public in accordance with the provisions of the Government Information (Public Access) Act 2009. Supply of personal information is legally required and failure to supply could cause delay in your application

OFFICE USE ONLY			
\$			
Receipt			

Applicant Details				
Family or Company Name				
Given Name				
Postal Address				
Contact Phone				
Email				
Property where de	evice is to be installed and operated			
Site of Proposed Activity				
Street Address				
Date Commencing	Date Ceasing			
Device Details				
DEVICE 1	DEVICE 2			
Device Name	Device Name			
Device 'X' number	Device 'X' number			
Registration Expiry Date	Registration Expiry Date			
Insurance Provider	Insurance Provider			
Insurance Policy Number	Insurance Policy Number			
Insurance Expiry Date	Insurance Expiry Date			

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Device Details (continued)				
DEVICE 3	DEVICE 4			
Device Name	Device Name			
Device 'X' number	Device 'X' number			
Registration Expiry Date	Registration Expiry Date			
Insurance Provider	Insurance Provider			
Insurance Policy Number	Insurance Policy Number			
Insurance Expiry Date	Insurance Expiry Date			
Applicant	Declaration			
I hereby apply for an approval to install and operate the declare the following:	e amusement device(s) described in this application and I			
 □ the above amusement devices are currently Registered under the Occupational Health & Safety Regulation 2001 with Workcover; □ the above amusement devices will be erected, installed and operated in accordance with the current 				
Conditions of Registration pertaining to such devices; the subject amusement devices are all covered by a current contract of insurance or indemnity of not less than				
\$20 Million which extends to and includes the above nominated dates; there is provided with each of the above nominated amusement devices, a current logbook within the meaning of Chapter 5 of the Occupational Health & Safety Regulation 2001;				
 evidence to substantiate that such amusement devices have a current Registration, Insurance coverage and a Logbook, is appended to this application; and 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 devices, shall inspect the ground upon which such devices are to be erected, and before proceeding with their erection, confirm the ground is sufficiently firm to sustain the device while it is in operation and not dangerous because of its slop or irregularity and comply with any special conditions imposed by NSW WorkCover with my registration. I declare the information to be true and correct to the best of my knowledge and belief.				
Applicant Signature	Date			
Land Owners Consent Not required for larger events where land owner's consent has been provided for all operators (e.g. The Wagga Show)				
As the owner of the property, I/we consent to this applicati	on.			
Land Owner's Name				
Land Owner Signature	Date			
Notice of Determination of Activity Approval (Office Use Only)				
Notice is hereby given pursuant to Section 99 of the <i>Local Government Act 1993</i> of the determination by Council to approve the installation and/or operation of above listed amusement devices under Section 68 (Part F5) of the <i>Local Government Act 1993</i> .				
Date of Determination	Consent to Operate from			
Approving Officer	Signature			

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Given Name				
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