

Application for an amusement device



SOUTH WAIRARAPA
DISTRICT COUNCIL
Kia Reretahi Tātau

health@swdc.govt.nz

06 306 9611 xtn 849

Name of organisation intending to operate amusement device:

Details of person in charge:

Name:

Address:

Phone No:

Email Address:

Date(s) and times on which the amusement device is intended to operate:

Details of device including registration certificate numbers:

In support of this application there is attached

- (a) The device(s) current certificate of registration
- (b) The prescribed fee being
 - i. for one device, for the first 7 days of proposed operation or part thereof \$11.50 (inc GST)
 - ii. for each additional device for first 7 days or part thereof \$2.30 (inc GST)
 - iii. for each device for each further period of 7 days or part thereof \$1.15 (inc GST)

Amount tendered:

I certify that, having regard to the situation in which the device is erected, it can be operated without danger to persons operating or using it or in its vicinity

Signature of application..... Date:.....

OFFICE USE ONLY

Approved: Yes

No

Date.....

Signed.....