

APPLICATION FORM FOR REGISTRATION FOR AN AMUSEMENT DEVICE

Pursuant to the **Amusement Device Regulations 1978**



**SOUTH WAIRARAPA
DISTRICT COUNCIL**
Kia Reretahi Tātau

Post, deliver, or email your application to South Wairarapa District Council:

Post: Environmental Health Services, PO Box 6, Martinborough 5741

Deliver: South Wairarapa District Council, 19 Kitchener Street, Martinborough 5711

Email: health@swdc.govt.nz (For enquiries, please phone 06 306 9611)

PLEASE PRINT CLEARLY

AUTHORISED PERSON TO CONTACT CONCERNING THIS APPLICATION:

The Contact Person details entered below will be used for communications about your Registration, such as sending Approval Documents. Contact Council if the details change.

Applicant Name:

Organisation Name:

Premises Address:

Telephone **Mobile**

Email

Dates and Time(s) which the Device is intended to be operated?

Details of Device including Registration Number Certificates:

In support of this application, there is attached: The current Certificate of Registration of the device(s).

The Prescribing Fee being:

- For one device, for the first 7 days of proposed operation thereof \$11.50 (inc GST)
 For each additional device, for the first 7 days or part thereof \$2.30 (inc GST)
 For each device, for each further period 7 days or part thereof \$1.15 (inc GST)

Amount tendered:

I certify that the site in which the device is erected can be operated without danger to the operator or its vicinity.

I am duly authorised to make this application; and

The information supplied in this application is truthful and accurate to the best of my knowledge and belief.

Applicant's Signature **Date**

WHO TO CONTACT FOR FURTHER INFORMATION

Terri Hannah
Environmental Services Administrator
06 306 9611 ext 849
health@swdc.govt.nz

PRIVACY STATEMENT

We collect, use, and disclose personal information you provided:

- For the purpose(s) processing your application; and
- To communicate with you for Council purposes; and
- To enable us to maintain our records and to carry out statutory functions.

FOR OFFICE USE ONLY:

Approved / **Declined**
Condition:

Inspector's Name & Signature:

Expiry Date:

Date: