

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:	<input type="text"/>		
Organisation Name:	<input type="text"/>		
Premises Address:	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Dates and Time(s) which the Device is intended to be operated?	<input type="text"/>		
	<input type="text"/>		
Details of Device including Registration Number Certificates:	<input type="text"/>		
	<input type="text"/>		
In support of this application, there is attached:	<input type="checkbox"/> The current Certificate of Registration of the device(s).		
	The Prescribing Fee being:		
	<input type="checkbox"/> For one device, for the first 7 days of proposed operation thereof \$11.50 (inc GST)		
	<input type="checkbox"/> For each additional device, for the first 7 days or part thereof \$2.30 (inc GST)		
	<input type="checkbox"/> For each device, for each further period 7 days or part thereof \$1.15 (inc GST)		
	Amount tendered:	<input type="text"/>	

- ☐ 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	<input type="text"/>	Date	<input type="text"/>
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WHO TO CONTACT FOR FURTHER INFORMATION	PRIVACY STATEMENT
Group Administrator Environmental Services 06 306 9611 ext 957 health@swdc.govt.nz	We collect, use, and disclose personal information you provided: <ul style="list-style-type: none">• 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:	
<input type="checkbox"/> Approved / <input type="checkbox"/> Declined Condition: <input type="text"/>	Inspector's Name & Signature: <input type="text"/>
Expiry Date: <input type="text"/>	Date: <input type="text"/>