



Application Form to Operate an Amusement Device

Under Section 68 Part F5, *Local Government Act 1993*

Location(s) for Operation of Amusement Device: _____

Proposed period of Operation: From: _____ To: _____

Operator Details	
Name of Operator	
Address of Operator	
Contact Telephone Number	
Signature of Operator	
Name of all operators trained to operate the amusement device during this operation	
1.	
2.	
3.	
4.	

Registration Details			
Attach a copy of the registration certificate to this application or Council will need to sight this document.			
Registration Number		Expiry date	
Name of Registered Owner			
Address of Registered Owner			

Amusement Device Details	
Type of Amusement Device	
Manufacturer or Sole Importer of Amusement Device	
Date Amusement Device first registered under Construction Safety Regulations 1950	
Amusement Device Insurance Details	
Liability Insurers Name(s)	
Name of Insured	
Business or Profession of Insured detailed on Policy	
Period of Insurance	
Indemnity Limit (Note: Minimum \$20,000,000)	

Attach a copy of the Liability Insurance Cover or Certificate of Currency to this Application or Council will need to sight this document.

Fee: \$19:80