

# Application for a permit to operate an amusement device

1 Dunorling Street PO Box 122, Alexandra 9340 New Zealand



03 440 0056



## Before you start

If you would like any help or advise with you application, call us on

Info@codc.govt.nz www.codc.govt.nz

03 440 0056 or visit Public Licensing - Central Otago District Council (codc.govt.nz)

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pay the correct application fee.

Amusement Devices Regulations 1978

- Complete all relevant fields.
- submit this application form.

Provide a copy of	of the device's certificate	e of registration.	
Applicant details     Full Name:			
Company Name (if ap	plicable):		
Email:			
Device(s) name:			
Certificate of registrati	on /device number:		
Start Date:		End Date:	
2. Inspection details Request Date: Contact person on day Preferred Number: Alternative contact nucleocation Address: Location and or how to	mber:	Request time: Position Held: Email:	
It is important to ensure	e each device is located	l on stable ground. Plea	ase tick all appropriate
•	Ground Condition  □ Firm	Site Topography  □ Flat/level	Site Drainage  □ Good

□ Sloping	□ Unknown
	□ Sloping



## 3. Fees Schedule (all fees are inclusive of GST)

\$11.50	For one device, for the first seven days of proposed operation or part thereof;
\$2.30	For each additional device operated by the same owner, for the first seven days
	or part thereof:
\$1.15	For each device, for a further period of proposed operation of seven days or
	part

#### 4. Fees

Number of Devices	
Number of weeks operating	
Inspection fee	\$11.50
Additional Device(s)	
Additional seven-day periods	
Total Due	

# Important privacy information

The personal information that you provide in this form will be held and protected by Central Otago District Council in accordance with our privacy policy (available at <u>Privacy - Central Otago District Council (codc.govt.nz)</u> and the Privacy Act 2020. The CODC privacy policy explains how we can use and share your personal information in relation to any interaction you have with the council, and how you can access and correct that information. You should familiarise yourself with this policy before submitting your form. All measures will be taken to protect your personal information, ensuring compliance with the Privacy Act 2020 and the Privacy Principles.

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 applicant:	Date

Submit your application via email to <u>grounds.bookings@codc.govt.nz</u> (Please include a copy of the device Worksafe Certificate of Registration.

# Office Use Only:

Application Number:	
Customer Number:	
Debtor Number:	
Invoice Number:	
Date paid:	

