Amusement Device Application

Each amusement device must be included on the site plan.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Event Details** | | | | | | |
| **Event Name:** |  | | | | | |
| **Date of the Event** |  | | | | | |
| **Amusement Device Owner/Operator Details** | | | | | | |
| **Number of Amusement Devices** |  | | | | | |
| **Operator’s Name** |  | | | | | |
| **Name and Address of Registered Owner** |  | | | | | |
| **Copies of SafeWork NSW Certificates of Plant Items attached?** | Yes  No | | | | | |
| **Logbook Details** | | | | | | |
| **Copy of AS 3533-1997 Logbook attached?** *Note: a copy or scanned copy of recent logbook entries is acceptable* | Yes  No | | | | | |
| **Does the logbook record the date of last assembly?** | Yes  No | | | | | |
| **Is the logbook maintained by the operator?** | Yes  No | | | | | |
| **Amusement Device Insurance Details** | | | | | | |
| **Public Liability Insurer’s Name** |  | | | | | |
| **Policy Number** |  | | | | | |
| **Name of Insured** |  | | | | | |
| **Period of Insurance** | From |  | | | To |  |
| **Indemnity Limit** |  | | | | | |
| **Insurance Certificate of Currency Attached. If multiple, please attach all copies.** *Note: If No, application will be immediately refused* | Yes  No | | | | | |
| **Contact Details and Inspection** | | | | | | |
| **Name of Person to contact for onsite visit from Council officer** | Name | |  | | | |
| Phone | |  | | | |
| **Inspection to be carried out by Council’s Building Surveyor** | Date of inspection | | |  | | |
| Time of Inspection | | |  | | |
| **Applicant Signature** | | | | | | |
| **Applicant Signature** |  | | | | | |
| **Date** |  | | | | | |
| **Inspection Fees** | | | | | | |
| **As per Council’s current Fees and Charges**  **Please contact Development Support on 02 4474 7444 for a fees quote** | Number of devices | | |  | | |
| Amount Paid | | |  | | |
| Date Paid | | |  | | |
| Receipt Number | | |  | | |