Amusement Device Application

Each amusement device must be included on the site plan.

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| **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 [x]  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 |  |