

# Flinders Shire Council

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**Local Government  
Act 2009**

**Local Law 8  
(Entertainment  
Venues)**

## Entertainment Venues - Renewal

### Application for Renewal of a Theatre or Place of Amusement Licence

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

#### Application is for

Entertainment Venue Licence - Renewal

Fee \$ \_\_\_\_\_

If applicant is a company,  
insert company name and  
ACN / ARBN.

#### Applicant/s details

Company name \_\_\_\_\_ ACN / ARBN \_\_\_\_\_

Title  (eg. Mr, Mrs, Miss etc.)

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Position \_\_\_\_\_

I declare the information provided in this application to be true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title  (eg. Mr, Mrs, Miss etc.)

Family name \_\_\_\_\_

Given names \_\_\_\_\_

Position \_\_\_\_\_

I declare the information provided in this application to be true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Select as applicable.

#### Contact details

Business  Private

Contact person \_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_

Locality / Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Contact ph. \_\_\_\_\_ Mobile \_\_\_\_\_

Contact fax \_\_\_\_\_ Email \_\_\_\_\_

Business name must be registered with Fair Trading.

Enter postal address if different from street address.

Real property description - refer to Rates Notice.

Current Entertainment Venue Licence No.

## Business details

Business name		BN	
Street address			
Locality / Suburb		State	Postcode
Postal address			
Locality / Suburb		State	Postcode
Contact ph.	Mobile		
Contact fax	Email		
Lot no.	Reg. plan no.	Parish	
Licence no.		Expiry date / /	

Nature of entertainment to be provided


Days of operation      Hours of operation

Days of operation	Hours of operation
Monday	<input type="checkbox"/> am <input type="checkbox"/> pm to <input type="checkbox"/> am <input type="checkbox"/> pm
Tuesday	<input type="checkbox"/> am <input type="checkbox"/> pm to <input type="checkbox"/> am <input type="checkbox"/> pm
Wednesday	<input type="checkbox"/> am <input type="checkbox"/> pm to <input type="checkbox"/> am <input type="checkbox"/> pm
Thursday	<input type="checkbox"/> am <input type="checkbox"/> pm to <input type="checkbox"/> am <input type="checkbox"/> pm
Friday	<input type="checkbox"/> am <input type="checkbox"/> pm to <input type="checkbox"/> am <input type="checkbox"/> pm
Saturday	<input type="checkbox"/> am <input type="checkbox"/> pm to <input type="checkbox"/> am <input type="checkbox"/> pm
Sunday	<input type="checkbox"/> am <input type="checkbox"/> pm to <input type="checkbox"/> am <input type="checkbox"/> pm

Type of entertainment / amusement

<input type="checkbox"/> Cinema	<input type="checkbox"/> Theatre	<input type="checkbox"/> Concert hall
<input type="checkbox"/> Museum	<input type="checkbox"/> Art gallery	<input type="checkbox"/> Electronic games centre
<input type="checkbox"/> Indoor sports centre	<input type="checkbox"/> Fair ground	<input type="checkbox"/> Other (please specify) _____

Capacity of venue	Seating	Standing
Toilets	No. male	No. female

This is the name and address of the owner/s of the premises. If there are additional owners, please attach additional owner information to this form.

## Owner/s consent

Name			
Street address			
Locality / Suburb		State	Postcode
Contact ph.	Mobile		
Contact fax	Email		
I, being the owner of the property described in this application, hereby consent to the afore mentioned applicant/s making this application.			
Signature		Date	

## Lodgement

Please attach the following:

1. A copy of the additional owner/s consent (if applicable). This consent must state the applicant/s name, the premises to which the application refers, provide details regarding the owner/s consent to the application and be signed by the owner/s.

**Please note: This application and fee MUST be lodged with your Council**

## Privacy Statement

The Council is collecting your personal information in accordance with current legislation to process your application. The information will only be accessed by authorised council employees. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*) or as required by Queensland State Government.

## Office use only

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	/ /
Recommendation			
		Rec. no.	
Date	/ /	Account property no.	