

Kingaroy Shire Council

Glendon Street, Kingaroy
PO Box 336,
Kingaroy QLD 4610

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Local Government
Act 1993

Local Law
(Entertainment
Venues)

Entertainment Venues - Renewal

Application for Renewal of a Theatre or Place of Amusement Permit

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 Permit - Renewal Fee _____

Applicant/s details

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

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

Signature _____ Date / /

Title Mr Mrs Ms Miss Other (specify)

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 the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.

Business details

Business name _____ BN

Company name _____ ACN / ARBN

Street address

Locality / Suburb

State

Postcode

Enter postal address if different from street address.	Postal address		
	Locality / Suburb		
	State <input type="text"/> <input type="text"/> <input type="text"/>		Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email	
Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish
Current Entertainment Venue Licence no.	Licence no.		Expiry date <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Nature of entertainment to be provided		
	Days of operation	Hours of operation	
	Monday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
	Tuesday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
	Wednesday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
	Thursday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
	Friday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
	Saturday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> pm	
	Sunday	<input type="text"/> am <input type="text"/> pm to <input type="text"/> am <input type="text"/> 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 (specify) _____
	Capacity of venue	Seating	Standing
	Toilets	No. male	No. female

Owner/s consent

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.	Name		
	Street address		
	Locality / Suburb		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	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 <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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.

Office use only

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	
Recommendation			
			Rec. no.
Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Account property no.	