



Days of operation		Hours of operation	
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 ( <i>please specify</i> )	
Capacity of venue	Seating	Standing	
	No. male toilets	No. female toilets	

**Lodgement**  
 On completion of this application, please forward it, the required supporting documentation, and your application fee to Council at the address on the front of this form.  
**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.	