

# Richmond Shire Council

50 Goldring Street, Richmond  
PO Box 18,  
Richmond QLD 4822



Telephone 07 4741 3277 Facsimile 07 4741 3308  
Email [enquiries@richmond.qld.gov.au](mailto:enquiries@richmond.qld.gov.au)  
Website [www.richmond.qld.gov.au](http://www.richmond.qld.gov.au)

Local Government  
Act 1993

Local Law  
(Entertainment  
Venues)

## Entertainment Venues - Variation

### Application for 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 - Variation 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

<b>Enter postal address if different from street address.</b>	Postal address																																									
	Locality / Suburb																																									
	State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																							
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	Licence no.		Expiry date <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																																							
	Nature of entertainment to be provided																																									
<table border="1"> <thead> <tr> <th>Days of operation</th> <th colspan="4">Hours of operation</th> </tr> </thead> <tbody> <tr> <td>Monday</td> <td><input type="checkbox"/> am</td> <td><input type="checkbox"/> pm</td> <td>to</td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td>Tuesday</td> <td><input type="checkbox"/> am</td> <td><input type="checkbox"/> pm</td> <td>to</td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td>Wednesday</td> <td><input type="checkbox"/> am</td> <td><input type="checkbox"/> pm</td> <td>to</td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td>Thursday</td> <td><input type="checkbox"/> am</td> <td><input type="checkbox"/> pm</td> <td>to</td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td>Friday</td> <td><input type="checkbox"/> am</td> <td><input type="checkbox"/> pm</td> <td>to</td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td>Saturday</td> <td><input type="checkbox"/> am</td> <td><input type="checkbox"/> pm</td> <td>to</td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> <tr> <td>Sunday</td> <td><input type="checkbox"/> am</td> <td><input type="checkbox"/> pm</td> <td>to</td> <td><input type="checkbox"/> am <input type="checkbox"/> pm</td> </tr> </tbody> </table>			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
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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																																								
Variation type <input type="checkbox"/> To operate between the hours of midnight and 8:00am <input type="checkbox"/> To operate on Good Friday after midday <input type="checkbox"/> To operate on Christmas Day after 8:00am <input type="checkbox"/> To vary conditions of licence																																										
Variation details   																																										

<b>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.</b>	<b>Owner/s consent</b>		
	Name		
	Street address		
	Locality / Suburb		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Postcode <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Contact ph. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Mobile <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	Contact fax <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	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="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

## Lodgement

Please attach the following:

1. A plan of the entertainment venue drawn to scale not smaller than one to one hundred (1:100) showing:
  - position of exits; and
  - details and drawings of buildings and other structural elements of the entertainment venue.
2. Details of fire fighting equipment.
3. A certified copy (or other evidence of approval) of any other registration, licence, permit or other law that may be required to operate this business.
4. 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.	