

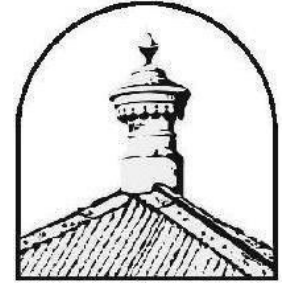
# Charters Towers Regional Council

12 Mosman Street, Charters Towers  
PO Box 189,  
Charters Towers QLD 4820

Telephone 07 4761 5300 Facsimile 07 4787 5344

Email [mail@charterstowers.qld.gov.au](mailto:mail@charterstowers.qld.gov.au)

Website [www.charterstowers.qld.gov.au](http://www.charterstowers.qld.gov.au)



*Local Government  
Act 2009*

*Local Law 1  
(Administration) 2011*

*Subordinate Local Law  
1.2*

*(Commercial Use of  
Local Government  
Controlled Areas and  
Roads) 2011*

## Standing Vehicle / Street Stall

### Application for Approval - Commercial use of Local government Controlled Areas and Roads

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

Standing Vehicle / Stall

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 Australian Securities and Investments Commission.

Enter postal address if different from street address.

Real property description - refer to Rates Notice.

## 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	

## Site details

Street address of site			
Locality / Suburb		State	Postcode
Products to be sold			
Type of vehicle / stall			
Proposed storage location of vehicle / stall			
Vehicle details			
Registration no.		Make	
Model	Type	Colour	
Period for which licence is required	From	/ /	To / /
Time of day	From	: <input type="checkbox"/> am <input type="checkbox"/> pm	To : <input type="checkbox"/> am <input type="checkbox"/> pm
What promotional or advertising material is to be used in connection with the activity?			
Do you intend to use any amplification equipment? <input type="checkbox"/> No <input type="checkbox"/> Yes			

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

A copy of a Public Liability Insurance Policy, to the minimum \$ value required by Council, must accompany applications. The policy shall name the insured as 'the applicant for the Permit and the Council'.

## Public liability insurance

Name of insurance company	
Name of insured	
Policy no.	Amount of cover \$
Policy expiry date / /	

## Lodgement

Please attach the following:

1. A copy of your Public Liability Insurance Policy to the minimum \$ value required by Council. The public liability must indemnify the Council, in the prescribed form and manner, against all public liability claims arising from the operation of this business.
2. A copy of any other registration, licence, permit or approval required under any other law.
3. 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 information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application/request. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the *Right to Information Act 2009* and *Information Privacy Act 2009*). This information will be stored on Council's database. The information collected will be retained as required by the *Public Records Act 2002*.

## Office use only

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

Regulated parking approval required  No  Yes

Department of Main Roads approval required  No  Yes

Application complies with Council policy  No  Yes

Approved \_\_\_\_\_

(Council Officer)