

# Flinders Shire Council

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Local Government  
Act 2009

Local Law 12  
(Control of  
Advertising)

## Portable Advertising Devices

### Application for Registration of a Sandwich Board (including registration, renewal and transfer)

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

- New Application Fee \$ \_\_\_\_\_
- Renewal Fee \$ \_\_\_\_\_
- Transfer Fee \$ \_\_\_\_\_ in the name of \_\_\_\_\_

#### Applicant/s details

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

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

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

Family name \_\_\_\_\_  
Given names \_\_\_\_\_  
Position \_\_\_\_\_

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

Family name \_\_\_\_\_  
Given names \_\_\_\_\_  
Position \_\_\_\_\_

#### Indemnity

I / We acknowledge that any permit issued pursuant to this application shall be subject to the following conditions:

- The permit holder shall, at all times, hold harmless and keep indemnified the Council, its members, employees and agents from and against all actions, suits, proceedings, claims, demands, losses, costs, charges and expenses which may be taken against, made on or suffered by it or any of them directly or indirectly on account of or in respect of or arising out of any act, matter or thing done or omitted to be done by the permit holder or his / her agents or employees or any of them in connection with any activity carried out or purporting to be carried out under the permit or in observance, fulfilment, non-observance or non-fulfilment of any condition of the permit.
- The permit holder shall ensure a Public Liability Insurance Policy, taken out by him / her to a minimum \$ value required by Council, is kept in force for the whole of the period that the permit covers, and includes the Council as an interested party.
- The advertising device will be displayed in accordance with Council's "Guidelines for Sandwich Boards" and all other relevant By-Laws.

I / We agree to abide by the conditions of the permit as set by Council.

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

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

<b>Select as applicable.</b>	<b>Contact details</b>		
	<input type="checkbox"/> Business <input type="checkbox"/> Private		
	Contact person		
	Postal address		
	Locality / Suburb		State      Postcode
	Contact ph.	Mobile	
Contact fax	Email		

<b>Business name must be registered with Fair Trading.</b>  <b>Address where sign is to be displayed.</b>  <b>Enter postal address if different from street address.</b>  <b>Real property description - refer to Rates Notice.</b>	<b>Business details</b>		
	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	

<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		
	Residential 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	

<b>New applicants only.</b>	<b>Sign details</b>			
	Description of sign			
	Materials used	<input type="checkbox"/> Metal	<input type="checkbox"/> Plywood	<input type="checkbox"/> Other _____
	Type of sign	<input type="checkbox"/> Frame	<input type="checkbox"/> Single	<input type="checkbox"/> Irregular
Is the sign illuminated?	<input type="checkbox"/> No	<input type="checkbox"/> Yes		

<b>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'.</b>	<b>Public liability insurance</b>		
	Name of insurance company		
	Name of insured		
	Policy no.	Amount of cover \$	
Policy expiry date	/	/	

Renewal applications only.

## Amendments

Are there any amendments to the existing approval?

No

If no, please complete business details and new applicant sections (sign details) ONLY.

Yes

If yes, please complete all sections of this form.

## Lodgement

Please attach the following:

1. A sketch of the sign on the diagram provided, clearly showing the size and permanent wording (for both sides).

Height

Width

Width

2. A Site Plan on the diagram provided, showing the location of the sign relevant to business / arcade / obstructions / car parking / etc.

Roadway

Face of kerb



Property boundary / Front of building  
(1 metre intervals - Scale 1:100)

3. 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.
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**

### 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 details adequate	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Proof of Public Liability	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Site inspection carried out	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Health Department clearance	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Is use lawful under the planning scheme?	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Approval recommended <input type="checkbox"/>	Not recommended <input type="checkbox"/>	

Reason for recommending refusal

Application approved  Not approved

Signature, Director Planning and Development

Date / /

Application fee		Reg. no.	
Receipt code		ID no.	