

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
Website www.richmond.qld.gov.au

Local Government
Act 1993

Local Law
(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

Title Mr Mrs Ms Miss Other (specify)

Family name

Given names

Position

Title Mr Mrs Ms Miss Other (specify)

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 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 / /

Select as applicable.	Contact details		
	<input type="checkbox"/> Business	<input type="checkbox"/> Private	
	Contact person		
	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"/>
	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"/> <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 _____			

Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN. Address where sign is to be displayed.	Business details			
	Business name		BN <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"/>	
	Company name		ACN / ARBN <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"/>	
	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"/>	
	Postal address			
Enter postal address if different from 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"/>	
	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 _____			
	Real property description – refer to Rates Notice.	Lot no.	Reg. plan no.	Parish

This is the name and address of the owner/s of the premises	Owner/s consent			
	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"/>	
	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 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"/>		

New applicants only.	Sign details			
	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				

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 <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			

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.

Office use only

Application details adequate No Yes
 Proof of public liability No Yes
 Site inspection carried out No Yes
 Health Department clearance No Yes
 Is use lawful under the planning scheme? No Yes
 Approval recommended Not recommended

Reason for recommending refusal

Application approved Not approved

Signature, Director Planning and Development

Date / /

Application fee		Reg. no.	
Receipt code		ID no.	