

Blackall-Tambo Regional Council

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Blackall QLD 4472

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Blackall-Tambo
Regional Council

Exploring the past. Innovating the future.

**Local Government
Act 2009**

Aerodrome

**Local Law 18 & 20
(Aerodromes)**

Application for Permission for Commercial Activities at an Aerodrome

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

Commercial Activity at an Aerodrome

Fee \$ _____

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

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 _____

Contact details

Select as applicable.

Business Private

Contact person

Postal address

Locality / Suburb State Postcode

Contact ph. Mobile

Contact fax Email

Business name must be registered with Fair Trading.

Enter postal address if different from street address.

Real property description - refer to Rates Notice.

Business details

Business name		BN	
Street address 400 Boundary St			
Locality / Suburb SPRING HILL		State QLD	Postcode 4000
Postal address 400 Boundary St			
Locality / Suburb SPRING HILL		State QLD	Postcode 4000
Contact ph. 07 323 40026	Mobile		
Contact fax 07 323 40024	Email carylle.derozairo@deedi.qld.gov.au		
Lot no.	Reg. plan no.	Parish	
Description of commercial activity at aerodrome			
When will the activity be operated?			
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

A copy of a Public Liability Insurance Policy to the minimum \$ value required by Council, must accompany all 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.

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