

Longreach Regional Council

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Longreach QLD 4730

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Website www.longreach.qld.gov.au



Local Government
Act 1993

Local Law
(Aerodromes)

Aerodrome

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 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 Dept of Justice and Attorney-General. 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

Enter postal address if different from street address.	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"/>
	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"/> <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
	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 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"/>	

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.

Office use only			
Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	
Recommendation			
			Rec. no.
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"/>	Account property no.		