

Barcaldine Regional Council

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Barcaldine QLD 4725



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**Local Government
Act 2009**

Entertainment Venues - Variation Application for Theatre or Place of Amusement Licence

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

Entertainment Venue Licence - Variation 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

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
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Street address

Locality / Suburb	State	Postcode
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Postal address

Locality / Suburb	State	Postcode
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Contact ph.	Mobile
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Contact fax	Email
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Lot no.	Reg. plan no.	Parish
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Licence no.	Expiry date / /
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Nature of entertainment to be provided

Days of operation Hours of operation

Days of operation	Hours of operation	to	am	pm
Monday	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm		
Tuesday	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm		
Wednesday	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm		
Thursday	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm		
Friday	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm		
Saturday	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm		
Sunday	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm		

Type of entertainment / amusement

- | | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Cinema | <input type="checkbox"/> Theatre | <input type="checkbox"/> Concert hall |
| <input type="checkbox"/> Museum | <input type="checkbox"/> Art gallery | <input type="checkbox"/> Electronic games centre |
| <input type="checkbox"/> Indoor sports centre | <input type="checkbox"/> Fair ground | <input type="checkbox"/> Other (please specify) _____ |

Capacity of venue	Seating	Standing
Toilets	No. male	No. female

Variation type

- To operate between the hours of midnight and 8:00am
- To operate on Good Friday and after midday
- To operate on Christmas Day after 8:00am
- To vary conditions of licence

Variation details

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	

Lodgement

Please attach the following:

1. A plan of the entertainment venue drawn to scale not smaller than one to one hundred (1:100) showing:
 - position of exits; and
 - details and drawings of buildings and other structural elements of the entertainment venue.
2. Details of fire fighting equipment.
3. A certified copy (or other evidence of approval) of any other registration, licence, permit or other law that may be required to operate 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 fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	/ /
Recommendation			
		Rec. no.	
Date	/ /	Account property no.	