

North Burnett Regional Council

34-36 Capper Street, Gayndah
PO Box 390,
Gayndah QLD 4625

Telephone 1300 696 272 Facsimile 07 4161 1425

Email admin@northburnett.qld.gov.au

Website www.northburnett.qld.gov.au



**Local Government
Act 2009**

**Local Law
(Entertainment
Venues)**

Entertainment Venues - Renewal

Application for Renewal of a 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 - Renewal 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 _____

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 Fair Trading.

Enter postal address if different from street address.

Real property description - refer to Rates Notice.

Current Entertainment Venue Licence No.

Business details

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	
Licence no.		Expiry date / /	

Nature of entertainment to be provided

Days of operation Hours of operation

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

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

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 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.	