

Balonne Shire Council

118 Victoria Street, St George
PO Box 201,
St George QLD 4487



Telephone 07 4620 8888 Facsimile 07 4620 8889
Email council@balonne.qld.gov.au
Website www.balonne.qld.gov.au

Local Government
Act 1993

Local Law No. 11
(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

<input type="checkbox"/> New Application	Fee	_____
<input type="checkbox"/> Renewal	Fee	_____
<input type="checkbox"/> 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"/> <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"/>	Email _____	
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"/> <input type="checkbox"/> <input type="checkbox"/>
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"/>	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"/>	Email _____	
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"/> <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"/>	Email _____	
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"/>		

Amendments

Are there any amendments to the existing approval?

 No

If no, please complete business details and new applicant sections (sign details) ONLY.

 Yes

If yes, please complete all sections of this form.

Lodgement

Please provide the following:

1. A sketch of the sign on the diagram provided, clearly showing the size and permanent wording (for both sides).

Height

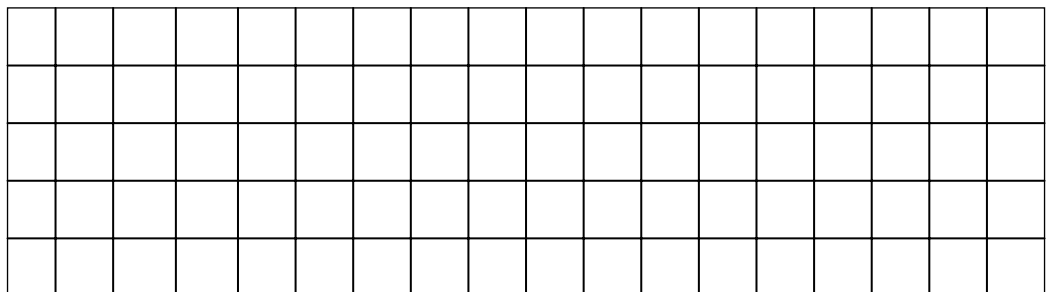
Width

Width

2. A site plan on the diagram provided, showing the location of the sign relevant to business / arcade / obstructions / car parking / etc.

Roadway

Face of kerb



Property boundary / Front of building
(1 metre intervals - Scale 1:100)

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.	