

This is the name and address of the owner/s or the premises.	Owner/s consent		
	Name: _____		
	Postal address _____		
	Locality / Suburb _____		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Contact ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Mobile <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
	Contact fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email _____	
I / We being the owners of the property described in this application hereby consent to the mentioned applicant making this application			
Signature _____	Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

This must be the REGISTERED name of the business.	Site Location		
	Trading name _____		
	Street address _____		
Real property description – refer to Rates Notice.	Locality / Suburb _____		State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Lot no. _____	Reg. plan no. _____	Parish _____

A copy of a \$5,000,000 Public Liability Insurance Policy must accompany all applications.	Public Liability Insurance		
	Name of insured company _____		
	Name of insured _____		
	Policy No. _____	Amount of cover _____	
Policy Expiry Date _____			

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"/> Yes	<input type="checkbox"/> No	

Lodgement
Please attach the following:
1. A Site Plan - showing the location of the sign relevant to business / arcade / obstructions / carparking /etc.
2. A sketch of the sign or picture - clearly showing the size and permanent wording for both sides of the sign.
3. A copy of your Public Liability Insurance Policy to the sum of not less than \$5,000,000.00 (5 million dollars). The public liability must indemnify Council, in the prescribed form and manner, against all public liability claims arising from operating the business.
Please note: This application and fee MUST be lodged with your Council and will not be processed if all required information is not attached.

Office use only	
Fee _____	Date / /
Scheduled category _____	File no. _____
Receipt no. _____	Access no. _____
Registration no. _____	