

Mount Isa City Council

23 West Street, Mount Isa
PO Box 815,
Mount Isa QLD 4825

Telephone 07 4747 3200 Facsimile 07 4747 3209
Email city@mountisa.qld.gov.au
Website www.mountisa.qld.gov.au



Local Government
Act 1993

Local Law
(Domestic Water
Carriers)

Water Cartage

Application for a Domestic Water Carrier Permit

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

Water Carrier Permit Fee _____

Applicant/s 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 / /

Contact details

Select as applicable.

Business Private

Contact person

Postal address

Locality / Suburb

State

Postcode

Contact ph.

Mobile

Contact fax

Email _____

Business details	
Business name must be registered with the Office of Fair Trading. If applicant is a company, insert company name and ACN / ARBN.	Business name BN <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"/><input type="text"/>
	Company name ACN / ARBN <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"/>
	Street 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"/>
Enter postal address if different from street address.	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"/> <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"/> <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"/> <input type="text"/> Email <input type="text"/>
Real property description – refer to Rates Notice.	Lot no. <input type="text"/>
	Reg. plan no. <input type="text"/>
	Parish <input type="text"/>
Vehicle details	
Tanker 1	
Address where tanker is normally housed.	Street 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"/>
	Registration no. including trailer
	Model (make / year)
Please provide details of the equipment, including delivery pump, fitted to the water tank.	Capacity of tank
	Tank construction material
	Internal lining
	Is a backflow prevention device fitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Details of equipment
Tanker 2	
Address where tanker is normally housed.	Street 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"/>
	Registration no. including trailer
	Model (make / year)
Please provide details of the equipment, including delivery pump, fitted to the water tank.	Capacity of tank
	Tank construction material
	Internal lining
	Is a backflow prevention device fitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Details of equipment
Provide details of all other uses for which the water tanker is used other than for domestic purposes (e.g. stock water delivery, roadworks).	Source and location/s where water is obtained
	Other tanker uses

Lodgement

Provide a completed application form, supporting documentation (if required) and appropriate fee to Council – see address at the beginning of the form.

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="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		