

Croydon Shire Council

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*Local Government
Act 2009*

Aerodrome

Application for Permission for Commercial Activities at an Aerodrome

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

Commercial Activity at an Aerodrome

Fee \$ _____

Applicant/s details

If applicant is a company,
insert company name and
ACN / ARBN.

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	
Street address			
Locality / Suburb		State	Postcode
Postal address			
Locality / Suburb		State	Postcode
Contact ph.	Mobile		
Contact fax	Email		
Lot no.	Reg. plan no.	Parish	
Description of commercial activity at aerodrome			
When will the activity be operated?			
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		

A copy of a Public Liability Insurance Policy to the minimum \$ value required by Council, must accompany all 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	/ /

Lodgement

Please attach the following:

1. 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.

Please note: This application and fee MUST be lodged with your Council

Privacy Statement

The information collected in this form will be used by Council for lawful purposes directly related to the functions and activities of the Council. 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*). The information collected may be retained as required by the *Public Records Act 2002*.

Office use only

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	/ /
Recommendation			
		Rec. no.	
Date	/ /	Account property no.	