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|  | **Walgett Shire Council** |
| ABN 88 769 076 385P.O. Box 31, WALGETT, N.S.W. 2832.Telephone: (02) 6828 6100 Email: admin@walgett.nsw.gov.au |
| **ACTIVITY APPLICATION ANNEXURE****2024 - 2025** |

## F5 - INSTALL OR OPERATE AMUSEMENT DEVICES

## FEE

$66.00 for first device **plus**

$44.00 per device thereafter (which is owned by same company/person), provided that complete papers are lodged for all devices at the same time.

## REQUIRED DOCUMENTS

Amusement Device approval applications will **not** be accepted without the following documents:

|  |  |
| --- | --- |
| 1. A completed Activity Application form.
 |  |
| 1. A completed F5 – Install or Operate Amusement Devices Annexure form.
 |  |
| 1. A copy of a current public liability insurance policy for a minimum of $20,000,000 that covers all the amusement devices proposed to be used.
 |  |
| 1. A copy of current NSW Workcover registration papers for **each** device.
 |  |

## LOCATION DETAILS

|  |  |
| --- | --- |
| Location where device/s will be operated (Street, town): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Site known as (eg Smithville Showground): | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Proposed period of operation (inclusive): | From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Maximum hours of operation: | From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## OPERATOR DETAILS

|  |  |
| --- | --- |
| Name of operator: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business address of operator: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact phone number: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature: | X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## FIRST AMUSEMENT DEVICE DETAILS

|  |  |
| --- | --- |
| Type of amusement device: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Manufacturer or sole importer of device: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## SECOND AMUSEMENT DEVICE DETAILS

|  |  |
| --- | --- |
| Type of amusement device: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Manufacturer or sole importer of device: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## THIRD AMUSEMENT DEVICE DETAILS

|  |  |
| --- | --- |
| Type of amusement device: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Manufacturer or sole importer of device: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## FOURTH AMUSEMENT DEVICE DETAILS

|  |  |
| --- | --- |
| Type of amusement device: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Manufacturer or sole importer of device: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## INSURANCE DETAILS

|  |  |
| --- | --- |
| Liability insurers name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of insured: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Business or profession of insured: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (as specified on policy) |
| Period of insurance: | From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Indemnity limit (minimum of $20,000,000) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

## SITE PLAN



|  |  |
| --- | --- |
| COMMENTS: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# COUNCIL ASSESSMENT FORM

## LOGBOOK DETAILS

***Has Council inspected the AS 3533-1997 Logbook Yes No****(NB A faxed copy of recent logbook entries is acceptable)*

***Date of last erection recorded in log book? (If more than three months - seek explanation from owner/operator)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Are there sufficient entries to satisfy the Council that the Yes No
owner/operator is maintaining the log book?***

## SITE DETAILS

***Council should consider the following:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | ***Electrical Overhead wires (clearance)*** | ***Yes*** |  | ***No*** |  | ***N/A*** |  |
|  | ***Firmness of Ground*** | ***Yes*** |  | ***No*** |  | ***N/A*** |  |
|  | ***Slope of Ground*** | ***Yes*** |  | ***No*** |  | ***N/A*** |  |
|  | ***Clearances to other obstacles*** | ***Yes*** |  | ***No*** |  | ***N/A*** |  |
|  | ***Pathways*** | ***Yes*** |  | ***No*** |  | ***N/A*** |  |
|  | ***Lighting*** | ***Yes*** |  | ***No*** |  | ***N/A*** |  |
|  | ***Other considerations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| ***Is the Council satisfied that the site is suitable for the intended use?*** | ***Yes*** |  | ***No*** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Inspecting Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Recommend:* Approval/Refusal**Activity Approval Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |