



Application Form for General Permit

APPLICANT DETAILS:	
GIVEN NAMES:	HOME PHONE:
SURNAME:	MOBILE PHONE:
BUSINESS NAME (if applicable):	BUSINESS PHONE:
BUSINESS ABN NUMBER:	
STREET ADDRESS:	
SUBURB:	POSTCODE:
EMAIL:	
FROM WHAT DATE IS THIS PERMIT REQUIRED?	/ /
WHAT LOCATION IS THIS PERMIT REQUIRED FOR:	
STREET ADDRESS:	
SUBURB:	POSTCODE:

WHAT TYPE OF PERMIT DO YOU REQUIRE: (please tick)		
<input type="checkbox"/> SKIP BIN (ANNUAL) \$865.70	<input type="checkbox"/> SKIP BIN (SINGLE USE) \$143.40	<input type="checkbox"/> SHIPPING CONTAINER \$143.40
PLEASE SPECIFY: _____		

PLEASE NOTE AN INVOICE WILL BE GENERATED UPON RECEIPT OF THIS APPLICATION.
THE APPLICATION WILL NOT BE ASSESSED UNTIL PAYMENT IS MADE.

HAVE YOU ATTACHED A COPY OF YOUR PUBLIC LIABILITY INSURANCE?	
<input type="checkbox"/> YES	<input type="checkbox"/> NO

ARE THERE ANY ASPECTS OF THIS ACTIVITY WHICH MAY IMPACT ON THE AMENITY AND SAFETY OF OTHERS?

WILL THIS ACTIVITY HAVE ANY IMPACT ON PUBLIC AREAS, i.e. OBSTRUCT ROADWAYS, PEDESTRIAN AREAS?

