

Rangitikei District Council

Postal Address: Private Bag 1102, Marton Street Address: 46 High Street, Marton

Phone: 06 327 0099 Freephone: 0800 422 522 Fax: 06 327 6970

Email: info@rangitikei.govt.nz Website: www.rangitikei.govt.nz



APPLICATION FOR A PERMIT TO OPERATE AN AMUSMENT DEVICE IN THE RANGITIKEI DISTRICT AS REQUIRED BY THE AMUSEMENT DEVICES REGULATIONS 1978

As required by the Amusement Devices Regulations 1978 (Form 4)

To: Rangitikei District Council
Private Bag 1102
Marton

DATE RECEIVED

____/____/20____

Full legal name (Company or Individual) _____

Residential address _____

Postal Address _____

Amusement Device /Registration No/ Expiry Date: _____

Name of Operator if other than owner _____

Amusement device to be operated at _____

From: _____ To: _____

I/We certify that, having regard to the situation in which the device is erected, it can be operated without danger to persons operating or using it or in its vicinity.

Applicants Signature: _____ **Date:** _____

Notes:

This Application must be accompanied by the prescribed fee and the device's Certificate of Registration

Amusement Device Permit Fee: prescribed by the Amusement Devices Regulations(1978)

One device at one site: First seven days \$10.00
Second and subsequent seven day period \$1.00 per week

Additional device at one site: First seven days \$2.00
Second and subsequent seven day period \$1.00 per week