

Application for a permit to operate an Amusement Device in the Rangitikei District as required by the Amusement Devices Regulations 1978 (Form 4)

To: Rangitikei District Council
Private Bag 1102
Marton

DATE RECEIVED

____ / ____ / ____

Full legal name (Company or Individual): _____

Contact phone: _____

Contact email: _____

Residential address: _____

Postal address: _____

Amusement Device - Registration No. / Expiry date: _____

Please supply a full copy of the Worksafe Compliance Cert with all the relevant conditions.



Name of operator if other than owner: _____

Amusement device to be operated at: _____

Duration - from : _____ am/pm to: _____ am/pm

on the following days: _____

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:** _____

This application must be accompanied by the prescribed Permit Fee and the device's Certificate of Registration.

PAYMENT CAN BE MADE TO: RANGITIKEI DISTRICT COUNCIL
03-0683-0195600-00 Reference: AMUSEMENT DEVICE and your name.

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