

Application for a permit to operate an amusement device

Form 4, Amusement Devices regulations 1978

Postal: Building Compliance and Consents
Wellington City Council
PO Box 2199
Wellington 6140

Council use only

Application #:

Property ID:

Email: bcc@wcc.govt.nz

I would like to receive the results of this application by: email post

Please PRINT clearly.

Applicant's details

Full legal name/s of the person/s who will receive proceeds from operating the device/s (*list any other names, including a maiden name you may be known by*):

Phone number(s):

Email (*this is our preferred way of contacting you*):

Website:

Postal address:

Postcode:

Application details

Type of amusement device:

Registration number:

Location of amusement device (*include street address*):

Dates and hours of operation of amusement device:

Declaration

I/we hereby make an application for a permit to operate the above amusement device at the location, dates and hours specified above, and 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. In support of this application, there is attached:

(a) the device's certificate of registration (*and registration number*):

(b) the prescribed fee ([visit wellington.govt.nz/amusement-devices](http://visit.wellington.govt.nz/amusement-devices) for current fees):

Signature:

Date: