

Application to Operate an Amusement or Inflatable Device

**Lodge Applications** at Ballina Shire Council | 40 Cherry Street | Ballina (Mon-Fri 8.15am to 4.30pm)

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**t** 02 6686 4444 | **w** [www.ballina.nsw.gov.au](http://www.ballina.nsw.gov.au)

This document must be read in conjunction with the **Event Guidelines.**

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| **1. Operator details** | | | | |
| Name of Registered Owner/Operator of the device: | | | | ABN: |
| Postal address: | | | | |
| Email address: | | Preferred method of contact for correspondence: Email Post | | |
| Business phone: | Alternate phone: | | Mobile: | |
| On-site contact name: | | | Mobile: | |

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| **2. Amusement device details** | | | |
| Type of amusement device: | | | |
| Classification of device: | | | |
| Manufacturer or sole importer of amusement device: | | | |
| Date of device first registration: | Dimensions of device: Height: | Width: | Length: |

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| **3. Registration details** | | | | |
| Registration Number: | State of Issue: | | | Expiry Date: |
| Name of Registered Owner: | | | | |
| Address of Registered Owner: | | | | |
| Has a copy of the Registration Certificate been attached to the application? | | **Yes** | \* Applications **will not** be accepted without a copy of the current Registration Certificate | |
| **No**\* |

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| **4. Event details** | | | |
| Event Name: | | Organisation: | |
| Location(s) for the operation of amusement device: | | | |
| Proposed period of operation: | From: | | To: |
| Name all individuals trained to operate the amusement device during the period applied for: | | | |

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| **5. Amusement device insurance details** | | |
| It is essential that the hirer holds a minimum $10,000,000 public liability insurance cover for the specific device. It is the responsibility of the operator to verify with their insurer that their insurance policy terms will cover the proposed device. | | |
| Has a copy of the Certificate of Currency been attached to the application? | **Yes** | \* Applications **will not** be accepted without a current Certificate of Currency |
| **No**\* |

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| **6. Certification details (not required if an exempt ‘small amusement device’)** | | |
| Name/Company Name of Certifier: | | |
| It is essential that the certifier holds a minimum $5,000,000 professional indemnity insurance cover. | | |
| Has a copy of the Certificate of Currency been attached to the application? | **Yes** | \* Applications **will not** be accepted without a current Certificate of Currency |
| **No**\* |
| It is essential that certification is provided for the location – see guidelines for further details. | | |
| Has a copy of the certification been attached to the application? | **Yes** | \* Applications **will not** be accepted without a copy of the certification |
| **No**\* |

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| **7. Amusement device declaration** | | |
| As the device owner/operator, I declare that all amusement devices and/or inflatables will be installed in accordance with manufacturer’s instructions and that adequate risk management measures will be implemented on the day for potential hazards such as collapse, extreme wind, weather conditions or other site specific risks. The operator will remain on-site for the full duration of the event. | | |
| Name: | Signature: | Date: |