

# Application for a permit to operate an amusement device



## Amusement Devices Regulations 1978

Version: 5  
Date: August 2020  
Code: BA AMR Form 4

Send or deliver your application to:  
Building Services, Timaru District Council,  
2 King George Place, PO Box 522, Timaru 7940

Web: [www.timaru.govt.nz](http://www.timaru.govt.nz)  
Telephone: (03) 687 7236  
Email: [building@timdc.govt.nz](mailto:building@timdc.govt.nz)

### I / WE

Applicants name:

Mailing address:

Contact details:

Landline number:

Mobile number:

Daytime number:

After hours number:

Facsimile number:

Email address:

### HEREBY MAKE AN APPLICATION FOR A PERMIT TO OPERATE A

Name of device:

Registration number:

### AT

Location of device (street address):

### TIME PERIOD

Date from:

Date to:

### APPLICANT DECLARATION

I 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 Certificate of Registration of the device.
- (b) The prescribed fee: (per 1st 7 days): \$11.50 for first device, \$2.30 for each additional device. Any further period of 7 days (or part thereof): \$1:15 per device.

Name:

Date:

**Declaration statement:** I

confirm that I have authority to submit this application

electronically as the "owner" or on behalf of the owner as the "agent."