

# Application for an amusement device

Amusement Devices Regulations 1978 Form 4



**SOUTH WAIRARAPA  
DISTRICT COUNCIL**  
PO Box 6, Martinborough 5741  
Telephone (06) 306 9611  
Fax: (06) 306 9373

**Name of organisation intending to operate amusement device:**

**Details of person in charge:**

Name:

Address:

Phone No:

Email Address:

**Date(s) and times on which the amusement device is intended to operate:**

**Details of device including registration certificate numbers:**

**In support of this application there is attached**

- (a) The device(s) current certificate of registration
- (b) A completed and signed amusement device inspection form and Producer Statement
- (c) The prescribed fee being
  - i. for one device, for the first 7 days of proposed operation or part thereof \$11.50 (inc GST)
  - ii. for each additional 7 days or part thereof \$2.30 (inc GST)
  - iii. for each further period of 7 days or part thereof \$1.15 (inc GST)

**Amount tendered:** .....

**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**

**Signature of application..... Date:.....**

OFFICE USE ONLY

Approved: Yes  No  Date..... Signed.....