

Application for a permit to operate an amusement device



Amusement Devices Regulations 1978

Please read this first

This form will be scanned by electronic equipment. It is important that you:

- use a blue or black pen to complete this form; and
- print clearly.

Applicant details *(Please print in CAPITALS)*

Name of applicant

Name of business

Address of applicant

Postcode

Phone number

Mobile phone number

Email

Device details

Certificate of Registration number(s)

Address of operation

Date(s) of operation

Full Certificate of Registration for each amusement device is attached.

Signature

I/We certify that having regard to the situation in which the device(s) is/are erected, it can be operated without danger to persons operating it, using it or in the vicinity. The full Certificate of Registration is attached to this application.

Signature of applicant

Date

Office use only

Date received