

Film production

Licence application

Local Law No. 16 (Licensing) 2008

Council of the City of Gold Coast
ABN 84 858 548 460
PO Box 5042 GCMC QLD 9729
P 1300 GOLDCOAST

E mail@cityofgoldcoast.com.au

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Licensee details			
<i>Person/s or organisation/company applying to be the licence holder (must be a legal entity). Provide the full names of all proposed licensees. If address and contact details differ for each licensee, provide these details as an attachment.</i>			
Licensee name(s)			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email

Business name details			
Provide your business name (trading name). Include address /contact details if different from the licensee.			
Business name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	

Contact person details			
Provide details if contact person is different from the licensee.			
Contact name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	
Preferred method to receive correspondence	<input type="checkbox"/> Post		<input type="checkbox"/> Email

Location details			
For activities conducted on multiple parcels, provide additional location details as an attachment.			
Location type	<input type="checkbox"/> Parcel / property	<input type="checkbox"/> Street	
Location name			
Unit number		Street number	
Street name			
Suburb			
Parcel (RPD)	Lot	Plan	

Film production details			
Provide details of your film production below, ensuring all relevant information is provided.			
Select the type of production *	<input type="checkbox"/> Film	<input type="checkbox"/> Still photography	
	<input type="checkbox"/> Series	<input type="checkbox"/> Video clip	
	<input type="checkbox"/> Documentary	<input type="checkbox"/> Corporate video	
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Student film	
Production name			
Production synopsis (attach if required)			
Production start date	/ /	Production end date	/ /
Estimated budget	\$		
Production company base	<input type="checkbox"/> Queensland	<input type="checkbox"/> International	
	<input type="checkbox"/> Interstate		
Number of crew		Number of cast	
Number of commercial vehicles		Number of private vehicles	
Number of shoot days on public land			
Provide detail of any animal involvement			

Production schedule

Provide details of the filming operation at each location. A site map must be attached for each location identifying the location of filming, unit base, essentials, set, any equipment or impact to the public. Information on additional locations may be attached if required.

Production location 1									
Bump in/bump out dates	/	/	/	/	Filming date(s)	/	/	/	/
Weather hold date(s)	/	/	/	/	Daily hours of operation				
Unit base location									
Essentials location									
Set construction details									
Special effect details									

Provide details of another production location (if applicable)

Production location 2									
Bump in/bump out dates	/	/	/	/	Filming date(s)	/	/	/	/
Weather hold date(s)	/	/	/	/	Daily hours of operation				
Unit base location									
Essentials location									
Set construction details									
Special effect details									

Provide details of a third production location (if applicable)									
Production location 3									
Bump in/bump out dates	/	/	/	/	Filming date(s)	/	/	/	/
	/	/	/	/		/	/	/	/
Weather hold date(s)	/	/	/	/	Daily hours of operation				
	/	/	/	/					
Unit base location									
Essentials location									
Set construction details									
Special effect details									

Road or footpath closure			
Provide details below if a road or footpath closure is required. A temporary road closure is the full or partial closure of a gazetted roadway for the purpose of undertaking activities on the roadway or footpath (including regulated parking bays). Information on additional locations may be attached if required.			
Name of road			
Description of closure location			
Start date	/	/	End date
	/	/	/
Hours of operation			
Operation type	<input type="checkbox"/> Continuously <input type="checkbox"/> Daily <input type="checkbox"/> Overnight		
Closure type	<input type="checkbox"/> Footpath <input type="checkbox"/> Full road <input type="checkbox"/> Half road <input type="checkbox"/> Hold and release only		
Number of lanes		Number of parking bays	
Onsite traffic management company			
Contact person			
Contact phone			
Email			

Provide details of another road or footpath closure (if applicable)			
Name of road			
Description of closure location			
Start date	/ /	End date	/ /
Hours of operation			
Operation type	<input type="checkbox"/> Continuously	<input type="checkbox"/> Daily	<input type="checkbox"/> Overnight
Closure type	<input type="checkbox"/> Footpath <input type="checkbox"/> Half road	<input type="checkbox"/> Full road <input type="checkbox"/> Hold and release only	
Number of lanes		Number of parking bays	
Onsite traffic management company			
Contact person			
Contact phone			
Email			
Provide details of another road or footpath closure (if applicable)			
Name of road			
Description of closure location			
Start date	/ /	End date	/ /
Hours of operation			
Operation type	<input type="checkbox"/> Continuously	<input type="checkbox"/> Daily	<input type="checkbox"/> Overnight
Closure type	<input type="checkbox"/> Footpath <input type="checkbox"/> Half road	<input type="checkbox"/> Full road <input type="checkbox"/> Hold and release only	
Number of lanes		Number of parking bays	
Onsite traffic management company			
Contact person			
Contact phone			
Email			

Supporting information

Supporting information is required to be submitted with this application, as indicated below and throughout this form. Failure to provide the required information may delay the processing of your application. Indicate below the supporting information you have attached to this application

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Broadform public liability insurance certificate of currency for at least AU\$10 million. <i>Note: The insurance policy must be in the same name as the applicant.</i> |
| <input type="checkbox"/> | Production synopsis (additional detail if required) |
| <input type="checkbox"/> | Production schedule for additional location(s) |
| <input type="checkbox"/> | Location map(s) |
| <input type="checkbox"/> | Set construction details |
| <input type="checkbox"/> | Information on additional road or footpath closure locations |
| <input type="checkbox"/> | Traffic management plan(s) |
| <input type="checkbox"/> | GoldLinQ no objection statement (if applicable) |
| <input type="checkbox"/> | Evidence of nil fee eligibility |

Fees

The fee for this application may be reduced to nil if you (the applicant) can demonstrate that you own, rent or lease a rateable property within the City of Gold Coast, or are a registered charity, voluntary sporting, community, religious or incorporated not for profit organisation.

If claiming eligibility, you must attach evidence with this application. Evidence may include a signed lease agreement, details of property ownership, ASIC documentation detailing 'Principal place of business', two bills (within last six months) detailing residential address or registration with the Australian Charities and Not-for-Profits Commission (ACNC).

Please determine whether you meet the eligibility conditions and select one box only.

<input type="checkbox"/>	Eligible - nil fee	nil
<input type="checkbox"/>	Not eligible for nil fee - filming 1-7 days	\$ 511.00
<input type="checkbox"/>	Not eligible for nil fee - filming 8-14 days	\$ 685.00
<input type="checkbox"/>	Not eligible for nil fee - filming 15-21 days	\$ 859.00

These fees are in accordance with the City of Gold Coast's (City) regulatory fees and non-regulatory charges. A copy of our regulatory fees and non-regulatory charges can be found on our website, cityofgoldcoast.com.au.

Payment options

- Cash, cheque or credit card at any of the City's branch offices. For branch office locations and operating hours, please refer to [our website](#).
- Cheque or money order – make payable to: Gold Coast City Council. Postal address at top right of first page. Please ensure that you provide adequate reference details or attachments to allow the cheque to be appropriately receipted.

Note: Please be advised that payments by credit card will incur a surcharge.

Declaration

This section must be completed by, or for each applicant. Where a person is signing on behalf of a corporation or person (the 'signatory'), they must occupy a position that is legally entitled to make that application and complete the details below. Documentation must be provided if a power of attorney (POA) signs on behalf of a person.

I understand and verify that:

- I am duly authorised to make this application
- The statements and information provided are accurate, true and complete
- I have received all relevant third party consents and authorisations
- It is an offence to knowingly provide false or misleading information
- Approval of this application does not extend to the approval of any other statutory or local government requirements relating to this premises or activity

Applicant one (person or organisation)

Licensee name			
Signature		Signatory name	
Date		Position/role	
Additional applicant (if required)			
Licensee name			
Signature		Signatory name	
Date		Position/role	

Privacy statement

Council of the City of Gold Coast (Council) is collecting your personal information in order to provide the services requested, perform associated Council functions and services, and to update and maintain Council's customer information records. Your information is handled in accordance with the Information Privacy Act (Qld) 2009 and may only be accessed by Councillors, Council employees and authorised contractors. Unless authorised or required by law, we will not provide your personal information to any other person or agency. For further information go to cityofgoldcoast.com.au/privacy.

Council may also use your personal information in order to contact you to provide you with information regarding Council functions and services. If you do not wish to receive such information please opt out using the unsubscribe link in the communication material sent to you.

Office use only

Date received		Fee paid	
Received by		Receipt number	