

# Community activity

Council of the City of Gold Coast  
ABN 84 858 548 460  
PO Box 5042 GCMC QLD 9726  
P 1300 GOLDCOAST  
(1300 465 326)

## Permit application

Local Law No. 5 (Distribution of Business Advertising Publications and Touting)  
2008

E [mail@goldcoast.qld.gov.au](mailto:mail@goldcoast.qld.gov.au)  
W [cityofgoldcoast.com.au](http://cityofgoldcoast.com.au)

Applicant details			
Person/s or organisation/company applying to be the permit holder (must be a legal entity). Provide the full names of all proposed permit holders. If address and contact details differ for each applicant, provide details as attachment.			
Applicant 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 details of your business name (trading name). Include address /contact details if different to applicant.			
Business name			
Postal address			
Suburb			
State		Postcode	
Email			
Phone (mobile)		Phone (b/hours)	

Contact person details			
Provide details if contact person for approval is different to applicant.			
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	

**Community activity details**

Provide details of your activity below, ensuring all relevant information is provided. Include any additional location details as an attachment.

<b>Select your activity type *</b>	<input type="checkbox"/> Charitable	<input type="checkbox"/> Religious
	<input type="checkbox"/> Educational	<input type="checkbox"/> Not for profit
<b>Activity details</b>		
<b>Location (street address, suburb)</b>		
<b>Hours of operation</b>		
<b>Date(s) at location</b>	/ /	/ /
Provide details of another location below (if applicable)		
<b>Location 2 (street address, suburb)</b>		
<b>Hours of operation</b>		
<b>Date(s) at location</b>	/ /	/ /
Provide details of a third location below (if applicable)		
<b>Location 3 (street address, suburb)</b>		
<b>Hours of operation</b>		
<b>Date(s) at location</b>	/ /	/ /

**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"/>	Office of Fair Trading approval (mandatory if collecting donations or pledges)
<input type="checkbox"/>	'No objection' statement(s) where the location is within 10 metres of the entrance to a retail or commercial premises
<input type="checkbox"/>	Letter drop copy (if applicable)
<input type="checkbox"/>	Additional activity details (if applicable)

**Fees**

No fees are required for this application.

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**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)

<b>Applicant name</b>			
<b>Signature</b>		<b>Signatory name</b>	
<b>Date</b>		<b>Position/role</b>	
<b>Additional applicant</b> (if required)			
<b>Applicant name</b>			
<b>Signature</b>		<b>Signatory name</b>	
<b>Date</b>		<b>Position/role</b>	

**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](http://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**

<b>Date received</b>		<b>Fee paid</b>	
<b>Received by</b>		<b>Receipt number</b>	