

# Hot air balloon

## Licence / permit application

Local Law No. 9 (Parks and Reserves) 2008

Local Law No. 16 (Licensing) 2008

Council of the City of Gold Coast

ABN 84 858 548 460

PO Box 5042 GCMC QLD 9726

P 1300 GOLDCOAST

(1300 465 326)

E [mail@goldcoast.qld.gov.au](mailto:mail@goldcoast.qld.gov.au)

W [cityofgoldcoast.com.au](http://cityofgoldcoast.com.au)

Please use **BLOCK LETTERS** and complete all details in full.

Licensee details			
<i>Person/s or organisation/company applying to be the licence/permit 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 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

Hot air ballooning details	
Complete details of your hot air ballooning operation below, ensuring all relevant information is provided.	
Start date	/ /
Hours of operation	
Are you applying to launch/land at a specific private property location?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private property location(s)	
Purpose	<input type="checkbox"/> Tourism <input type="checkbox"/> Government <input type="checkbox"/> Event <input type="checkbox"/> Educational & training <input type="checkbox"/> Charitable
Frequency of operation	<input type="checkbox"/> Daily <input type="checkbox"/> Fortnightly <input type="checkbox"/> Several times per week <input type="checkbox"/> Infrequently <input type="checkbox"/> Weekly
Average number of balloons launched each day of operation	<input type="checkbox"/> One <input type="checkbox"/> Three <input type="checkbox"/> Two <input type="checkbox"/> More than three

Supporting information
Supporting information is required to be submitted with this application, as indicated below. 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\$20 million
<input type="checkbox"/> Photos/images of balloons

Fees			
The following fee applies for this application (monthly pro-rata has been applied to the licence application fee of \$1243.00).			
Application lodged in-			
September 2023	\$ 1243.00	March 2024	\$ 621.50
October 2023	\$ 1139.46	April 2024	\$ 517.96
November 2023	\$ 1035.79	May 2024	\$ 414.29
December 2023	\$ 932.25	June 2024	\$ 310.75
January 2024	\$ 828.71	July 2024	\$ 207.21
February 2024	\$ 725.04	August 2024	\$ 103.54

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/fees](http://cityofgoldcoast.com.au/fees).

## Payment options (no cash transactions are available)

- MasterCard, Visa, debit card or cheque at any of the City's branch offices. Our branch office locations and operating hours can be found on our website [cityofgoldcoast.com.au/contactus](http://cityofgoldcoast.com.au/contactus)
- 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:			
<ul style="list-style-type: none"><li>▪ I am duly authorised to make this application</li><li>▪ The statements and information provided are accurate, true and complete</li><li>▪ I have received all relevant third party consents and authorisations</li><li>▪ It is an offence to knowingly provide false or misleading information</li><li>▪ Approval of this application does not extend to the approval of any other statutory or local government requirements relating to this premises or activity</li></ul>			
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](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			
Date received		Fee paid	
Received by		Receipt number	