

# APPLICATION FOR PERMIT TO OPERATE AN AMUSEMENT DEVICE

Amusement Devices Regulations 1978



MARLBOROUGH DISTRICT COUNCIL

ISO9001  
Document Number:  
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To: The Chief Executive  
Marlborough District Council  
Seymour Square  
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Blenheim 7240

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Website: [www.marlborough.govt.nz](http://www.marlborough.govt.nz)

## Applicant Details:

<b>Full Name:</b> <input type="text"/>	<b>Contact Telephone Number:</b> <input type="text"/>
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<b>Address:</b> <input type="text"/>
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<b>Email:</b> <input type="text"/>
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## Device Details:

<b>Type or Name of Amusement Device:</b> <input type="text"/>	<b>Licence Number:</b> <input type="text"/>
<b>Type or Name of Amusement Device:</b> <input type="text"/>	<b>Licence Number:</b> <input type="text"/>
<b>Type or Name of Amusement Device:</b> <input type="text"/>	<b>Licence Number:</b> <input type="text"/>
<b>Type or Name of Amusement Device:</b> <input type="text"/>	<b>Licence Number:</b> <input type="text"/>
<b>Type or Name of Amusement Device:</b> <input type="text"/>	<b>Licence Number:</b> <input type="text"/>
<b>Location the Devices will be Operating at:</b> <input type="text"/>	

## Dates Permit Required For:

From: \_\_\_\_\_ To: \_\_\_\_\_

## Date and Time Device can be Inspected by Council:

Date: \_\_\_\_\_ am/pm: \_\_\_\_\_

**Attach:**

<input type="checkbox"/>	The certificates of registration (issued by the Department of Labour)
<input type="checkbox"/>	The prescribed fee (\$11.50 and \$2.30 for each additional amusement device Incl GST)

**Method of Payment:** *(tick option)*

<input type="checkbox"/>	If paying by Direct Credit pay to Bank Account Number 02-0600-0202861-02 quoting 'Amusement Devices'
<input type="checkbox"/>	Counter at Marlborough District Council

**Certification:**

I/we 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.	
I certify that the information provided in this application is correct.	
Name of person certifying: _____	Date _____

**If you have any queries regarding completion of this form please contact us.**

The information on this form is required to be provided under the Building Act 2004. A failure to disclose this information means the Marlborough District Council will not be able to process your application. Council holds and stores the information, including the form and all associated reports and attachments, on the Council property file and internally by the Council. If you would like to request access to, or correct any details, please contact us.

The details of your application and any related communications will be made available to the public on the Council property files. If there is any communication or information that you would like to remain confidential, please note this in your communications with Council officers, or contact the Council's Privacy Officer at [privacy@marlborough.govt.nz](mailto:privacy@marlborough.govt.nz). Please note that your (the applicant) main details (name and address) cannot be confidential.

For further information on your privacy rights, please see the Councils [Privacy Statement](#).

**Declaration :**

I am

the owner of the building

the representative of the owner of the building and have their written approval to act on their behalf

\_\_\_\_\_ [other – please specify]

and confirm that all information in this application is true and correct and that I have read, understood and agree to the above terms and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date