

Application for Restoration of an Expired Local Law Approval *Local Law No. 1 (Administration) 2011*

IMPORTANT INFORMATION

An application for restoration must be accompanied by the fee and must be submitted to Council within 30 days after the approval ends.

Privacy Notice: In using this form you are providing personal information such as name and contact details. This information will be used only for the purpose for which the completion of this form is intended, and will only be accessed by persons who have been authorised to do so. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

Section 1: APPLICATION DETAILS

Existing Local Law Approval Number:

Section 2: APPLICANT DETAILS

- The applicant is to be the person responsible for undertaking the prescribed activity for which the approval relates.
- If a Company, insert Company Name and ACN.

COMPLETE FOR INDIVIDUAL APPLICANT/S ONLY

APPLICANT ONE

Title: Mr Mrs Ms Other: _____

Surname:

Given Name/s:

APPLICANT TWO

Title: Mr Mrs Ms Other: _____

Surname:

Given Name/s:

COMPLETE FOR REGISTERED ENTITY/COMPANY ONLY

Company Name:

Director/s Name/s:

ACN:

On-Site Contact Person:

Section 3: CONTACT & BUSINESS DETAILS

Business name relates to the Trading Name of the business and will appear on the Approval certificate.

Business Trading Name:

Residential/Company Address:

Postal Address: *If different to above*

Business Phone:

Business Email:

On-site Contact Person:

Mobile:

After Hours Phone:

Email:

Section 4: VEHICLE DETAILS	
<i>Vehicle details are ONLY REQUIRED when carrying on a prescribed activity from a mobile premises. Please attach further details if more than two vehicles are used.</i>	
Vehicle Make:	
Vehicle Model:	
VIN:	
Registration Number:	
Other Defining Details:	

Section 5: SUITABILITY OF PERSON TO HOLD AN APPROVAL	
<i>*If the applicant is a corporation or an incorporated association, an executive officer of the corporation or a member of the association's management commitment are included.</i>	
Have any of the applicants* been convicted of an offence against the authorising local law which relates to the undertaking of the prescribed activity and the conviction is not a spent conviction?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach details
Have any of the applicants* been refused an approval relating to the undertaking of the prescribed activity under the Local Law?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please attach details

Section 6: AMENDMENT DETAILS (IF APPLICABLE)	
<i>Complete this section only if making amendments to your existing Local Law Approval.</i>	
Name:	
Approval Number:	
Change of Business Trading Name:	<input type="checkbox"/> No <input type="checkbox"/> Yes
New Trading Name (if applicable):	
Removal or addition of Approval Holder/s:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional Approval Holder/s name/s (if applicable):	
Approval Holder/s name/s to be removed (if applicable):	
Other(if applicable):	

Section 7: DECLARATION	
I/we _____ declare that the information provided in this application is true and correct and I consent to the making of enquiries and exchange of information with authorities of any Local, State/Territory or Commonwealth department in regard to any matters relevant to this application.	
Signature of Applicant:	
Date:	
Position in Company (if relevant):	

Office Use Only			
Receipt No.	Date Created	Declaration/s Completed/Signed	<input type="checkbox"/> Yes
Restoration Application Number:	CSO Initials		