Customer Contact **1300 COUNCIL (1300 268 624)** 07 4679 4000 www.wdrc.qld.gov.au

info@wdrc.qld.gov.au



Application for Commercial Use of Roads/Areas

IMPORTANT NOTICE Western Downs Regional Count this form will be used to ensure been authorised to do so. Your Information Privacy Act 2009.	compliance with Local Governr	ment Act 2009 and r	maintain a re	gister of a	approvals. Your p	ersonal infor	mation will be ad	ccessed by perso	ons who have
Application type:	☐ New Approval		Amendment / Transfer Approval EH:						
Application for:	Footpath Display		☐ Footpath Dining			Retail Footpath Display - no fee			
	☐ Mobile Vehicle/ Vending ☐ S		☐ Sta	Stationary Vending					
Approval Duration:	☐ Approval - \$124.00 ☐ Te			emporary Event (Maximum 3 days) - \$56.00 (Not for profit \$0.00)					
Applicant Det	ails								
Applicant: (must be an individual or corporation)									
Trading Name:									
Contact Person:									
Postal Address:									
Suburb:				Postcode:					
Phone (h):				Phone (w):					
Phone (m):				Fax:					
Email Address:									
Activity Detail	s								
Location:	☐ Footpath	Road		☐ Park	(Oth	ner		
Street Address:									
Suburb:			Postcode:						
Date/s:				Time/s	s:				
Adjacent Business Consent: (sign or attach additional information)	Business Name:			Contact Ph:					
	Contact Person:				Signature:				
	Business Name:				Contact Ph:				
	Contact Person:				Signature:				
Nature of activities: Details should include type of goods and/or services, method of sale, details of waste disposal, details of signage (attach additional sheets if required)	Goods &/or Services Offered:								
	Food Provided:								
	Waste Disposal:								
	Signage (including number):								
	Other:								
				11.					

Document Set ID: 997880 Version: 31, Version Date: 30/06/2022

SITE PLAN				
	llowing applicable to the application;			
- Adjacent permanent		s) to be used in conjunction	with the activity	
	esently on the footpath (e.g. Power poles, street bir			
	djacent permanent buildings and kerbside rea proposed to be used			
Copy of Public Risk Insurance	Policy to the value of at least \$10,000,000 indemni			
	tificate for vehicle being used (if application is for Nonducted for a not-for-profit organisation (if applica		not be provided without this	
	business (if application not signed)			
Customer Signat	ure			
Signature:	Name:		Date:	1 1
Office Use Only				
Assessment number:		EH No.:		
Amount paid:		Date paid:	1	1
Receipt number:		Initials:		
		///.		

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