Office Use Only Receipt Number			Dat	te Paid:		Coudin
General I	Permit	. Applic	ation Form	า		Cardin
Community Lo	ocal Law <i>Plea</i> s	2024 se note tha	at proof of curre every applicatio	nt Public L	iability Insur	rance must be
Applicant Det	ails (Plea	se Print):				
Business/Com	munity Gı	oup Name	:			
Contact Name:						
Postal Address	:					
Mobile:			Alte	ernate Phon	ne:	
Email Address:						
<b>Location Add</b> Street Number		Street Nan	me:			
Suburb:					Postcode	:
□ Footpat □ Road □ Reserve						
Requested Da	ates for F	ermit:				
Start Date:			Start Tim	ne:		
End Date:			End Time	e:		
☐ Raffles ☐ Fundrai	tall / Sat (\$60.00) sing (\$60	usage Sizz (GST Free 0.00) (GST ovide deta	Free)	T Free)		
☐ Sketch or p	ocument ohoto of i	<b>ation: (Ple</b> requested	ase ensure the	_		to the Application) million.

I hereby undertake to comply with requirements of Cardinia Shire Council's Local Laws in relation to public safety and amenity in public places, Footpath Trading Code 2009 and any special conditions as required by an Authorised Officer of Council.

Signature: \_\_\_\_\_\_ Date: \_\_\_\_/\_\_/