

CITY PLANNING

*Application for Licence for the Placement of
Waste Storage Containers in Public Places*

Please allow at least seven (7) business days to process this application.

SECTION A – APPLICANT DETAILS.

- 1. **Name:**
- 2. **Organization:**
- 3. **Postal Address:**
- 4. **Phone No:**
- 5. **Fax. No:**
- 6. **E-mail address**

SECTION B – DETAILS OF CONTAINERS

Container Details:

- 7. **Size of containers:**
- 8. **Colour of container:**
- 9. **Are your Company details marked on the container (including Phone No.)**

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

SECTION C – INSURANCE

10. Public Liability Insurance.

A copy of your current Public Liability insurance cover to a minimum \$10,000,000.00 is required to be attached to this application.

- | | | |
|---------------|--------------------------|--------------------------|
| | Yes | No |
| Copy Attached | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION D – REFLECTIVE MARKING OF SKIP BINS

11. Are all the containers proposed to be placed in Public Places fitted with yellow reflective tape as required in Appendix 1 of the “Policy for the placement of Waste Storage Containers in Public Places”.

- | | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |
-

12. Will yellow flashing light or lights be affixed to a skip bin when it is left on a road in areas where night time visibility is insufficient for motorists, pedestrians and cyclists to clearly see the skip bin between sunset and sunrise

Yes No

If no, please explain. _____

SECTION E - DECLARATION

13. I certify that our Company sorts and recycles all material that is able to be recycled at our depot which is situated at We minimise all material that is sent to landfill.

Signed: _____ Date: _____
(Print Name) _____ Position. _____

APPLICATION LODGEMENT

Fees

A fee is payable for this application. See the current "Fees and Charges" schedule for full details.

The fees must be paid at the time of lodgement. The application may be lodged by the following methods:

In Person: City Of Canterbury
Customer Service Centre
137 Beamish Street
Campsie

Post: City Of Canterbury
PO Box 77
Campsie NSW 2194

For Further information please contact our Customer Service Centre on (02) 9789 9300.

Office Use Only	_____
Customer Service Officer:	_____
Time and Date:	_____
Paid:	_____
Receipt No: (Annual Fee)	_____
Receipt No: (Security Deposit)	_____