

APPLICATION FOR COMMERCIAL VEHICLE PERMIT

(Information sheet to be attached HEI615)

Name of Applicant: _____
SURNAME FIRST NAMES

Address of Applicant: _____

Name of Business: _____

Address of Business: _____

Telephone Number: B/H _____ A/H: _____

Vehicle Registration Number: _____ Type of Vehicle: _____

Name of Registered Owner: _____

Address of Owner of Vehicle: _____

Is the Vehicle easily identifiable as a commercial vehicle: (eg. signwriting) Yes No

Do you own/lease/rent property in Central Traffic Area? Yes No

If **Yes**, Property Description: _____

Do you operate a business in Central Traffic Area? Yes No

If **Yes**, Type of Business: _____

Does the premises have a rear street entrance? Yes No

Is there off street parking available at Business Premises? Yes No

If **Yes**, Number of Spaces? _____

Reasons for requirement of Permit: _____

(eg. Why do you require parking for longer than 5 minutes in loading zone?)

Anticipated Daily usage of Loading Zone/s: _____

Signature of Applicant: _____ Date: ____/____/____

Return to: Gympie Regional Council Phone: 1300 307 800
 Corporate Community Services Directorate Fax: (07) 5481 0801
 Town Hall
 2 Caledonian Hill
 PO Box 155
 GYMPIE QLD 4570

Office Use

Approved by: _____ Permit Serial Number: _____
 Date: ____/____/____ Issued On: ____/____/____
 Receipt No: _____ Amount: \$ _____