

APPLICATION FOR COMMERCIAL VEHICLE PERMIT

(Information sheet to be attached HEI615)				
Name of Appl	icant:			
	SURNAME	FIRST NAM	1ES	
Address of Ap	plicant:			
Name of Busin	ness:			
Address of Bus	siness:			
Telephone Number: B/H				
Vehicle Regist	ration Number:	Type of Vehicle:		
Name of Registered Owner:				
	ner of Vehicle:			
Is the Vehicle easily identifiable as a commercial vehicle: (eg. signwriting)				
Do you own/lease/rent property in Central Traffic Area? Yes No				
If Yes , Propert				
Do you operate a business in Central Traffic Area?				
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 Da	aily usage of Loading Zone/s:			
Signature of Applicant:		Date:		
Return to:	Gympie Regional Council	Phone:	1300 307 800	
	Town Hall	Fax:	(07) 5481 0801	
	2 Caledonian Hill			
	PO Box 155			
	GYMPIE QLD 4570			
Office Use				
	proved by: Permit Serial Number: Permit Serial Number:			
Date:/ Receipt No:		Issued On:	/	
receipt No:		Amount:	Φ	

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