APPLICATION FOR COMMERCIAL VEHICLE PERMIT



(Information sheet to be attached HEI615)

Name of Appli	cant:		
	SURNAME	FIRST NAM	IES
Address of App Name of Busin Address of Bus	olicant: ess:		
Telephone Number: B/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)			
Do you own/lease/rent property in Central Traffic Area?			
If Yes , Property Description:			
Do you operate a business in Central Traffic Area?			
If Yes, Type of Business:			
Does the premises have a rear street entrance?			
Is there off street parking available at Business Premises?			
If Yes , Number of Spaces?			
Reasons for requirement of Permit:			
(eg. Why do you require parking for longer than 5 minutes in loading zone?)			
l			
Anticipated Daily usage of Loading Zone/s:			
Signature of Applicant:		Date:	//
Return to:	Gympie Regional Council Town Hall		1300 307 800 (07) 5481 0801
		FdX.	(07) 5461 0601
	2 Caledonian Hill		
	PO Box 155		
	GYMPIE QLD 4570		
Office Use			
		Permit Serial Number:	
Date:/		Issued On:	//
Receipt No:		Amount:	\$

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