

Gladstone Regional Council

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GLADSTONE
 REGIONAL COUNCIL

Dangerous Goods Safety
 Management Act 2001

Dangerous Goods Safety
 Management Regulation
 2001
 Division 6 Section 99

Flammable/Combustible Liquids Storage - Transfer Application

Application for Licence to Store Flammable and Combustible Liquids

If you have any specific enquiries regarding how to complete this form or applicable fees please contact Council on the details above. All fees are GST exempt.
 Please complete this application in BLOCK LETTERS and tick boxes where applicable.
 If a question does not apply, please indicate by writing "n/a".

Transfer Fee: \$ _____

Applicant details

If applicant is a Company,
 insert Company name and
 ACN / ARBN

Company Name		ACN/ARBN	
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (specify) <input type="text"/>	
Family Name			
Given Names			
Postal Address			
Locality / Suburb		State	Postcode

Applicant Declaration

I/We propose to be the occupier of the premises situated at:

Street Address of Premises -			
Locality/Suburb		State	Postcode
And hereby apply for transfer:		Licence Number:	
Of the above premises issued to:			
Name of Current Licensee/s			

Signature of Applicant	Signature of Applicant
Name in full	Name in full
Date	Date

If you are unable to
 select the boxes, please
 attach details to this
 application on a separate
 sheet.

(Dangerous Good Safety Management Regulation 2001 Section 86)

Please select the boxes

- I have not been convicted for an offence under this part or the *Building (Flammable and Combustible Liquids) Regulation 1994*, other than a spent conviction;
- I have not previously been refused a licence or had a licence suspended or cancelled under this part or the *Building (Flammable and Combustible Liquids) Regulation 1994*;
- I have not been affected by bankruptcy action;
- I am the applicant or the appointed signatory in all matters relevant to this application. I am aware that under section 81 of the *Dangerous Good Safety Management Regulation 2001* it is an offence to give information that is false or misleading in any way.

Signature of Applicant	
Name	Date
Business Ph.	Mobile

Premises details

Street Address of premises is the actual physical location of the workplace.

Name of Premises	
Street Address of Premises	
Locality / Suburb	State <input type="text"/> <input type="text"/> <input type="text"/> Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Lot No.	Reg Plan No.	Parish:	County:
Volume:	Folio:	Ha:	

Type of business, trade or industry to be conducted on site

Are there any changes / proposed changes to the Flammable and Combustible liquids storage details? If yes, please provide details.

Name of occupier
Name of contact person on site
Contact Ph. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Fax <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Consent by Transferor

I/We hereby consent to the transfer of licence to the applicant.

Signature of Transferor	Signature of Transferor
Name in full	Name in full
Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Lodgement:

On completion of this application, please forward it, the required supporting documentation, and your application fee to Council at the address on the front of this form.

Please note: This application MUST be lodged with the Council.

Office Use Only

Fee	Date / /
Scheduled category	Authorised Officer:
Receipt no.	Recommendation:
Licence no.	