



Application for a permit to operate an amusement device

Amusement Devices Regulations 1978

Email completed application to: building@mackenzie.govt.nz

Your Details

Applicant's Name: _____

Mailing Address: _____

Work number: _____

Home number: _____

Mobile number: _____

Email: _____

Hereby make an application for a permit to operate:

Name of device:	Registration number:

At the following location

Time Period

Start date: _____ **Finish date:** _____

I certify that, having regard to the situation in which the device is erected, it can be operated without danger to persons operating or using it or in its vicinity. In support of this application, there is attached:

- The Certificate of Registration of the device.
- The prescribed fee.

Declaration:

Name: _____ **Date:** _____

I _____

confirm that I have authority to submit this application electronically as the “owner” or on behalf of the owner as the “agent.
