SERVICE SIGNAGE APPLICATION



APPLICANT DETAILS											
Applicant Name											
Trading As											
ostal Address			Post Code								
Suburb											
Contact Number				•							
Email Address											
DETAILS OF PREMISES											
Name of Establishment/Attraction		(This will form the basis for the wording on the sign, if approved)									
Address											
ABN Number	per										
Web Address											
BUSINESS DETAILS											
Does your business have all Local Government licences approvals? (A compliance check by Council forms part of the assessment pro-				☐ NO (you are not eligible for service signage)							
Do you have a minimum of \$20 million Public Liability Insurar covering <u>ALL</u> business activities?				☐ YES ☐ NO (you are not eligible for service signage)							
Is the sign to be loca	hin 5km of your business?		☐ YES ☐ NO (Businesses can only apply for signage within 5km of the premises)								
SPECIAL CRITERIA Venues must (at a minimum) provide the following on-site											
Caravan Parks				☐ A minimum of 20 spaces with a minimum 20% availability for visitors ☐ Toilet facilities ☐ Drinking water							
Petrol Stations & Med	al Repairs	☐ Fuel									
Hotels, Motels, Guest Houses & Accommodation Venues				☐ Accommodation ☐ Bed and Linen ☐ Towels ☐ Telephone							

DETAILS OF OPENING HOURS

Complete the following table with the opening hours of your business in a normal week. If your opening hours vary during peak and off peak seasons, complete both sections of the table below. If your business is closed note this against the appropriate days within the table.

D	ау	Opening Hours (Peak)			Opening Hours (Off Peak)						
Sur	nday										
Mor	Monday										
Tue	sday										
Wedn	esday										
Thur	sday										
Frie	day										
Satu	ırday										
SUPPORTING DOCUMENTATION The following documents <u>must</u> be submitted with this application, if this information is not submitted it may hold up the assessment process											
 ☐ A copy of the Certificate of Currency as proof of Public Liability Cover ☐ Current brochure or other promotional material ☐ A photograph displaying onsite signage ☐ A map with the requested signage locations clearly marked 											
PRIVACY STATEMENT											
Important Notice In completing this form, you are providing personal information such as your name and contact details to the Scenic Rim Regional Council. These details will be used for processing this form and your personal information will only be accessed by officers authorised to do so. Your personal information is handled in accordance with the <i>Information Privacy Act 2009</i> and the <i>Information Privacy and Other Legislation Amendment Act 2023</i> . This information will not be disclosed to a third party unless with your consent or as required by law.											
SUBMITTED BY						I					
Signature					Date						
	v						2025/22				
COUNCIL USE ONL	Y						2025/26				
Receipt #		Date		GL#Directional		ectionalSigns	\$149.00				
TO SUBMIT YOUR F	FORM TO COUNCIL										
By Mail	Scenic Rim Regional Council, PO Box 25, BEAUDESERT QLD 4285										
By E-Mail	mail@scenicrim.qld.gov.au										
In Person	Beaudesert Customer Service Boonah Customer Service Cen Tamborine Mountain Library &	tre 70 High Street, Boonah				onah	rine Mountain				
Phone	(07) 5540 5111	Fax	(07) 5540 510	03							

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