

# APPLICATION FORM

## FILMING AND PHOTOGRAPHY



**PortAugusta**

CITY COUNCIL

Please complete this form in **BLOCK LETTERS** and return to:

CITY MANAGEMENT

PORT AUGUSTA CITY COUNCIL

4 Mackay Street, PORT AUGUSTA SA 5700

Phone: (08) 8641 9100 / Email: [admin@portaugusta.sa.gov.au](mailto:admin@portaugusta.sa.gov.au)

Please ensure that the application form is completed entirely and all requested documentation is attached to avoid delays in processing your application.

### Part 1 – Applicant Details

Name:	("The Permit Holder")		
Address: (Unit/House)	(Street)		
Address: (Suburb & Post Code)			
Phone:	Email:		
Type of Activity (Eg. Filming, photography):			
Proposed Area/s of Activity:			
Is the Activity for Business Purposes:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Public Liability Insurance Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Activity:			
Times (If known):			

### Part 2 – If Intended for Business Purposes

Business Name:	
Location/s:	
<input type="checkbox"/> Port Augusta Eastside Foreshore	<input type="checkbox"/> Wharf Precinct
<input type="checkbox"/> Port Augusta Westside Foreshore	<input type="checkbox"/> Commercial Road
<input type="checkbox"/> Gladstone Square	<input type="checkbox"/> Lions Park
<input type="checkbox"/> Westside Water Tower	<input type="checkbox"/> Other, please specify .....
Any further details of significance (Eg. Road closures): .....	

NB: Applicants must provide a copy of their Public Liability Insurance if the activity is for business purposes.

NB: Activity or filming on Council roads is not permitted unless the necessary traffic management plans, assessment and approval processes are undertaken. Please contact the Council office if traffic management approval will be required.

**I hereby acknowledge that the details outlined in this application are subject to Council approval.**

**I confirm that the information provided is accurate at the time of application.**

**I agree to my contact email and/or telephone details be provided to the public on enquiries relating to this application only.**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### COUNCIL AUTHORISATION

File Number:	I.D. Evidence:		
Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Signature:	Date Issued:	Expiry Date:	