



GENERAL LOCAL LAW (No. 1 of 2015)

Application for Permit

Applicant details:

Name:

Postal address:

Residential Address:

Email:

Telephone:

Fax:

Type of Permit:

The Relevant details are as follows:

Name and address of Owner/ Operator of the relevant premises/ business:

Signature of Applicant:

Date:

Signature of Owner:

Return completed form to:

Moyne Shire Council
Po Box 51
Port Fairy VIC 3284

Fees may be applicable

The information requested on this form will be used solely by the Moyne Shire Council. We will not use your personal information for any other purpose without first seeking your consent, unless authorized or required by law. The Council may not be able to process your request unless sufficient information is given. You may apply to the Moyne Shire Council for access to and/or amendment of the information on 5568 0555.