

**Applicant details** 

Trading/organisation name

Name in full

Postal address

Please complete in **BLOCK LETTERS** Please tick relevant boxes

If you require assistance completing the application, contact Local Laws on 03 5568 0555 or via email moyne@moyne.vic.gov.au

Street name / PO Box

	To	Town Postcode							
Contact details	Phone								
	Er	Email							
	•								
Ownership									
Are you the owner/lease of the adjoining proper roadside to be grazed?				•	Yes		No		
If <b>no</b> , <b>you must</b> provide a letter from the owner/leasee of the adjoining property/s stating their approval of the grazing activity.						tating			
Detail of proposed gra	azing								
Name of road									
Dimension of	Length Width				Hectares				
grazing area	(m):		(m):		(approximate):				
Locality									
Map (preferably use a professional map as a base such as CFA map book, VicRoads, Google Maps)	<ul> <li>Provide a map showing:</li> <li>Proposed grazing location</li> <li>Name of road</li> <li>Nearest cross road or intersection</li> <li>Key landmarks</li> <li>Name and address of abutting landowners (if you are not the owner/leasee) if possible</li> </ul>								
Type of livestock	Cattle d	airy 🗆	Cattle be	eef 🗆		Sheep I			
	Other		If other,	specify:					
Number of livestock									
The information or marked at 11 for		and a state to the Atlanta	- Okina O		4		£	6	

professional map base						

Map of proposed grazing location - freehand draw a map on this page or use a

Detail of proposed grazing (continued)							
Type of fencing*1	1 Three strand		2 Pigtail		3 Ringlock		
(circle the type you are intending to use)						+ + + + +	
				a a			
				4			

Will your fence be electric?*2 Yes □ No □								
*1 Post must not be greater than 15mm in diameter *2 If using electric fencing, refer to the guidelines for the issue of permits for roadside grazing of livestock within the Moyne Shire Council.								
Public liability insurance - You o	do not have to send in a copy	of your in	suran	ce				
Insurer	Policy number:							
Does your insurance cover farming activities on roadsides? Yes □ No								
Does your insurance specifically co	Yes		No					
Does your insurance include public	c liability up to \$20 Million?	Yes		No				
I will ensure that my cover is maint	ained (up to date)	Yes		No				
Signature of applicant:		Date:						
Signature of proprietor (if different to applicant):  Date:								
Name of proprietor:								
Application checklist The following steps must be undertaken in order for your application to be assessed:								
☐ Complete all areas of the application								
☐ Attach Map								
☐ Attach letter/s from owner/leasee (if you are not the owner/leasee of the adjacent land)								
☐ Pay your Permit fee (refer to methods of payment below)								
Permit fee 2022/2023 set and reviewed by Council annually								
, ,								
Annual \$10								
Return completed form with relevant documents and fee to:	Moyne Shire Council PO Box 51, Port Fairy VIC 3284							
relevant documents and ree to.	Or FAX to 03 5568 2515							
	Or email moyne@moyne.vic.gov.	<u>au</u>						

## Indemnity and declaration

The proprietor agrees to indemnify and keep indemnified the council, its servants and agents and each of them from and against all actions, costs, claims, expenses, penalties, demands and damages whatsoever which may be brought or made claimed against them or any of them arising from the proprietor's performance or purported performance of its obligations under this use agreement and be directly related to the negligent acts, errors, or omissions of the user. The proprietor's liability to indemnify council shall be reduced proportionally to the extent that any act or omission of the council, its servants or agents, contributed to the loss of liability.

Methods of payment						
In person	Payments may be made at Council offices by cash, cheque or EFTPOS					
	Moyne Shire Council Princes Street Port Fairy VIC 3284	Moyne Shire Council 1 Jamieson Ave Mortlake VIC 3271				
By mail	Cheque, money order, credit card details may be forwarded along with completed form to:  Moyne Shire Council PO Box 51 Port Fairy VIC 3284					
Credit card	Master Card □	Visa □				
	Card number	1	1 1			
	CCV	Expiry date	1 1			
	Name on card					
	Telephone					
	Date / /	Amount	\$			
	Signature					
Please note the credit card details are collected for the specific purpose for payment of your permit. This information will be destroyed once payment has been made						