

APPLICATION TO REGISTER A HORSE STABLE

APPLICANT DETAILS			
Full Name			
Postal Address			
State		Post Code	
Contact Number		Mobile	
Email			
LOCATION OF STABLES			
Property Address			
State		Post Code	
MATERIALS OF CONSTRUCTION			
Floors		Walls	
No of Stables		No of Horses	
Drainage of Stalls (describe briefly):			
Provision of Manure for Storage:			
Method and Frequency of Manure Disposal:			
Insecticide/Larvicide Treatment Used:			
PLAN OF LAYOUT			
In the case of an initial application or if any structural alteration has occurred within the previous licensing period, you are required to attach a sketch, outline plan to scale showing the position of property boundaries, position of stalls, position of yards, and position of dwelling on the property and on adjacent allotment.			
LODGEMENT			
I certify that the information contained in this application is correct. I/We, the undersigned, hereby notify you that I/we keep the premises described hereunder as HORSE STABLES and hereby apply for registration of the said premises in accordance with Council's Local Laws.			
SIGNATURE		DATE	

PRIVACY STATEMENT

The information collected on the Form will be used by Mount Isa City Council in accordance with the processing or assessment of your application. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Information Privacy Act 2009) or as required by law. This information may be stored in the Council database. The information collected will be retained as required by the Public Records Act 2002.





OFFICE USE ONLY			
Received By		Date	
Plan Attached	YES / NO / N/A	Receipt No	
COUNCIL COMMENTS			
Assessment No		IRN	
Approval is granted for licensing of stables specified by applicant?			YES / NO
Officer		Position	
Date License Posted		File No	

