



APPLICATION FOR ANNUAL BOAT RAMP PERMIT Port MacDonnell and Blackfellows Caves

Form No:	WKS008.2
Page No:	1 of 2
Last Updated:	5 th October 2016
Form Ownership:	Works Manager
Relevant Policy	n/a

APPLICANT DETAILS

Entity Name <i>(Commercial Operators)</i>			
Surname		Given Name	
Residential Address			
	Suburb		Postcode
Postal Address			
	Suburb		Postcode
Telephone	Home		Mobile
Email Address			
Vessel Name(s)			
Trailer Registration Number			

Note: Separate permits are required for each registered boat/trailer

PERMIT CATEGORY

Permit Type Required <i>(Please Tick)</i>	Fee Per Annum <i>(GST Exempt)</i>
<input type="checkbox"/> Professional/Commercial Operator <i>(Including Tender Vessel)</i>	\$200.00
<input type="checkbox"/> Recreational User	\$100.00
<input type="checkbox"/> Recreational User (Pensioner/Seniors Concession) <i>(Please Complete Concession Information Below)</i>	\$60.00

PENSIONER/SENIORS CONCESSION INFORMATION (if applicable)

(If submitting application by post, please attach a photocopy of the card, front and back)

Name on Card			
Concession Card Type		Concession Card Number	

PAYMENT OPTIONS

In Person	<p>Payment can be made in person by cash, cheque, credit card or EFTPOS at either of the following locations:</p> <ul style="list-style-type: none"> Council Office 324 Commercial Street West, Mount Gambier SA 5290 (Phone 08 8721 0444) Port MacDonnell Community Complex 5 Charles Street, Port MacDonnell SA 5291 (Phone 08 8738 3000) 																								
By Post	<p>Postal applications can be sent to District Council of Grant, PO Box 724, Mount Gambier SA 5290. Please make cheques payable to District Council of Grant or complete credit card details below.</p> <table border="1" style="width: 100%;"> <tr> <td>Cardholders Name:</td> <td colspan="3"></td> </tr> <tr> <td>Card Type: <i>(Please tick one)</i></td> <td><input type="checkbox"/> Visa</td> <td colspan="2"><input type="checkbox"/> Mastercard</td> </tr> <tr> <td>Card Number:</td> <td colspan="3"></td> </tr> <tr> <td>Expiry Date:</td> <td></td> <td>CVS Number:</td> <td></td> </tr> <tr> <td>Total Amount:</td> <td colspan="3"></td> </tr> <tr> <td>Signature:</td> <td colspan="3"></td> </tr> </table>	Cardholders Name:				Card Type: <i>(Please tick one)</i>	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard		Card Number:				Expiry Date:		CVS Number:		Total Amount:				Signature:			
Cardholders Name:																									
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Total Amount:																									
Signature:																									

Signed		Date	
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OFFICE USE ONLY

Concession Card Sighted	
Receipt Number	
Interim Permit Number	
Issued By	
Permanent Permit Posted	