**Application for Bulk Rubbish**

**Container Skip Bin Permit**

Please note when deciding whether or not to issue a permit, an authorised officer must consider all the criteria as set out in Council’s Local Law.

| **Applicant details** | | |
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| First name: | Surname: | |
| Postal address: | | |
| Suburb: | | Postcode: |
| Phone number/mobile:       Fax number: | | |
| Email address: | | |
| Company name: |  | |
| ABN number: | | |
| Address to which this permit is applied for (if different from above): | |  |
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| **Permit type** | | |
| Short term permit  Annual permit | | |
| Short term permit date/s | From:    /    / | To:    /    / |

|  |  |  |  |
| --- | --- | --- | --- |
| **Public liability insurance details** | | | |
| **Policy number** | **Insurer** | **Expiry date** | **Amount of cover** |
|  |  | /    / |  |
|  |  | /    / |  |
| **Please note: a copy of Certificate of Currency for public liability insurance must be attached. A minimum cover of $20 million is required.** | | | |

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| **Declaration** |
| I declare that the above information is true and correct. I agree to abide by all terms and conditions specified in the permit.  Applicant signature: Date:    /    / |

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| **Payment options:** |
| **1)** Post or email form to City of Greater Dandenong and Council will contact you to facilitate a credit card payment over the phone.  **2)** Come to a Council customer service centre and pay in person.  **3)** Post form with cheque/money order to City of Greater Dandenong, PO BOX 200, DANDENONG, VIC, 3175. |

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| **Return completed form to the City of Greater Dandenong** | | |
| **Post:**  City of Greater Dandenong PO Box 200 Dandenong VIC 3175 | **In person at a customer service centre**   * **Dandenong:** 225 Lonsdale Street, Dandenong * **Springvale:** 397-405 Springvale Road, Springvale * **Parkmore:** Shop A7, Parkmore Shopping Centre, Cheltenham Road, Keysborough | **Email:** council@cgd.vic.gov.au  **Fax:** (03)8571 5196 |

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| **OFFICE USE ONLY** | | |
| Permit fee: | Receipt no: | CS Officer: |