Corporate

Part A - General details for all applications

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **OFFICIAL USE ONLY**DATE RECEIVED

|  |  |  |
| --- | --- | --- |
|  |  |  |

FILE REF

|  |
| --- |
|  |

PROJECT REF

|  |
| --- |
|  |

COMPLETE FORMENTERED BY [SIGNATURE]

|  |
| --- |
|  |

DATE

|  |  |  |
| --- | --- | --- |
|  |  |  |

**RECEIPTING DETAILS ONLY**DATE RECEIPTED

|  |  |  |
| --- | --- | --- |
|  |  |  |

RECEIPT NUMBER

|  |
| --- |
|  |

AMOUNT RECEIVED

|  |
| --- |
| $ |

PROCESSED BY (INITIALS AND NAME)

|  |
| --- |
|  |

 | Important information for applicants |
| This form asks for general applicant details and a description of the proposed project and any associated activities. The completed form must be submitted together with relevant activity specific Part B forms. Specific details must accompany this form to enable your application to be processed. The guide provided will help you complete your application correctly. If you have any difficulties completing the form, contact Permit and Licence Management on 1300 130 372 (Option 4). Please number all attachments alphabetically (e.g. ‘Attachment A’).Commercial and confidential information must be marked clearly. This information will not be disclosed, except where required by law (including the *Right to Information Act 2009*).If subsequent activities are added to the project, you will be required to resubmit this application with details of the additional activity.Tick relevant boxes below if the applicant(s) are:[ ]  an individual or sole trader[ ]  individuals in a partnership[ ]  individual(s) acting on behalf of an unincorporated organisation Go to Section 1[ ]  an incorporated company[ ]  an incorporated association[ ]  a statutory authority[ ]  a body politic Go to Section 2 |
| **Guide** | 1. **Individual applicant(s) details**
 |
| **Question 1**The applicant is the person intending to carry out the activity and in whose name the relevant permits or licences are to be issued.The registered address is legally required for the serving of notices.It is the address of a person and cannot be a post office box.If more than one applicant as part of a partnership, complete the form Joint Applicant Details (available at [www.qld.gov.au](http://www.qld.gov.au) using the publication number ESR/2015/1855) and attach to this form. |

|  |  |  |  |
| --- | --- | --- | --- |
| APPLICANT’S FULL NAME      |  | TITLE       | DATE OF BIRTH      |
|  |  |  |
| REGISTERED ADDRESS      | POST CODE     |
|  |  |  |
| PHONE      | FAX      | EMAIL      |
|  |  |
| POSTAL ADDRESS (WRITE “AS ABOVE” IF THE SAME AS REGISTERED ADDRESS)      | POST CODE     |

 |
|  | **Guardian details** (if applicable)A parent or legal guardian must complete the following details if an applicant is less than 18 years of age.

|  |  |  |
| --- | --- | --- |
| GUARDIAN’S FULL NAME      |  | DATE OF BIRTH      |
|  |  |  |
| GUARDIAN’S REGISTERED ADDRESS      | POST CODE     |
|  |  |  |
| GUARDIAN’S SIGNATURE |  | DATE       |

Go to Section 3 |
|  | 1. **Applicant details**
 |
| **Question 2**The applicant is the registered legal entity (not a business trading name) intending to carry out the activity and in whose name the relevant permits or licences are to be issued.The registered address is legally required for the serving of notices. It is the registered business address of the company making the application and cannot be a post office box.Enter the Australian Business Number (ABN); or the Australian Company Number (ACN) of the incorporated company; or the Association Number (AN) of the incorporated association; or the title and section of the legislation that gives the statutory corporation its legal status. |

|  |
| --- |
| REGISTERED LEGAL ENTITY NAME      |
|  |  |  |
| TRADING NAME (IF APPLICABLE)      |
|  |  |  |
| REGISTERED ADDRESS      | POST CODE     |
|  |  |  |
| PHONE      | FAX      | E-MAIL/WEBSITE      |
|  |  |  |
| POSTAL ADDRESS (WRITE “AS ABOVE” IF THE SAME AS REGISTERED ADDRESS)      | POST CODE     |
|  |  |  |
| ABN/ACN/AN OR TITLE AND SECTION OF LEGISLATION       |

 |
|  | **Principal contact or person in charge details**

|  |  |
| --- | --- |
| PRINCIPAL CONTACT/PERSON IN CHARGE FULL NAME      | TITLE      |
|  |  |  |
| POSITION IN CORPORATION      |
|  |  |  |
| TELEPHONE      | FASCIMILE      | E-MAIL/WEBSITE      |
|  |  |  |
| POSTAL ADDRESS (WRITE “AS ABOVE” IF THE SAME AS REGISTERED ADDRESS)      | POST CODE     |

 |
|  | **Authorised signatory**The authorised signatory is the person authorised to sign an application on behalf of a corporation and in doing so declares that the corporation will be bound by the conditions associated with the granting of the licence or permit.

|  |  |
| --- | --- |
| AUTHORIZED SIGNATORY FULL NAME      | TITLE      |
|  |  |  |
| POSITION IN CORPORATION      |

 |
|  | 1. **Project details**
 |
|  | **Pre-lodgement**Have you previously attended a pre-lodgement meeting or submitted a pre-lodgement form for this project?[ ]  No[ ]  Yes

|  |
| --- |
| PROJECT NUMBER (IF APPLICABLE)      |

 |
|  | **Project description**Briefly describe the proposed activities, works, development or management.Attach a separate sheet if there is insufficient space below.

|  |
| --- |
| DESCRIPTION      |

 |
| This information should at least provide enough details to allow a Department of Environment, Science and Innovation officer to locate the site of the proposal.Give as much information as possible to accurately locate your activity, for example maps with contextual or boundary lines on plan or GPS boundary co-ordinates.Geographical co-ordinates can include northing/easting, longitude/latitude. | **Approvals required**Please list all Part B application forms you are attaching to this form.

|  |
| --- |
| APPLICATION FORMS      |

**Project site**Where will the activities be conducted? Provide the street address, real property description(s) of the land(s) in which the project is located and local government area. If you require more space, attach a separate sheet.

|  |
| --- |
| STREET ADDRESS      |
| LOT      | PLAN      |
| LOCAL GOVERNMENT AREA      |

If possible, provide a specific location within a protected area, a property name or an attached map with the project area clearly delineated. Also include the map name/details.

|  |
| --- |
| SPECIFIC LOCATION/PROPERTY NAME      |
| PROTECTED AREA      |
| GEOGRAPHICAL CO-ORDINATES      |

 |
| Label all attachments alphabetically (e.g. ‘Attachment A’)  | **Attachments**List all attached documents, including maps containing information supporting this application in the space below. If there are no attachments mark “N/A.”

|  |
| --- |
| ATTACHMENTS (LABEL ALL ATTACHMENTS ALPHABETICALLY – E.G. “ATTACHMENT A”)      |

 |
|  | 1. **Applicant’s certification**
 |
| **Privacy statement**The Department of Environment, Science and Innovation is committed to protecting the privacy, accuracy and security of your personal information in accordance with the *Information Privacy Act 2009*. The department is collecting your personal information in accordance with the Act specified in the relevant Part B form in order to process your application. The information will only be accessed by authorised employees within the department. Some of this information may be given to another department or agency as indicated in the privacy statement on the relevant Part B form. Your information will not be given to any other person or agency unless you have given us permission or we are authorised or required by law. All information supplied on this form may be disclosed publicly in accordance with the *Right to Information Act 2009* and *Evidence Act 1977*. For queries about privacy matters email: privacy@des.qld.gov.au or telephone: 13 74 68.**Further Information**The latest version of this publication can be found at [www.qld.gov.au](http://www.qld.gov.au) using the publication number ESR/2015/1663 as a search term). | If you have not told the truth in this application you may be liable for prosecution under the relevant Acts or Regulations.* I do solemnly and sincerely declare that the information provided is true and correct to the best of my knowledge.
* I understand that information supplied on or with this application form may be disclosed publicly in accordance with the *Right to Information Act 2009* and the *Evidence Act 1977*.

|  |
| --- |
| APPLICANT (1) SIGNATURE |

**Joint applicant signatures** (if applicable)

|  |
| --- |
| APPLICANT(2) SIGNATURE |

|  |
| --- |
| APPLICANT(3) SIGNATURE |

|  |
| --- |
| APPLICANT(4) SIGNATURE |

|  |
| --- |
| APPLICANT(5) SIGNATURE |

|  |
| --- |
| DATE      |

**Complete the following checklist.**[ ]  Application form(s) signed and completed[ ]  Permit fees paid or enclosed (if applicable)[ ]  Supporting information attached (e.g. maps)**Please return your completed application to:**Permit and Licence ManagementDepartment of Environment, Science and InnovationGPO Box 2454Brisbane Queensland 4001Enquiries: 1300 130 372 (Option 4)Email: palm@des.qld.gov.au |