

In person: 104 Hovell St, Wodonga, VIC 3690 **Phone:** (02) 6022 9300
Post: PO Box 923, Wodonga, VIC 3689 **Fax:** (02) 6022 9322 **Email:** info@wodonga.vic.gov.au

Applicant	Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
	Given name/s:
	Surname:
	Address:
	Suburb: _____ State: _____ Post code: _____
	Trading name/organisation:
	Phone (work):
	Phone (home):
	Mobile:
	Email:
I hereby apply for a permit - details:	Reason for permit:
	Date/s:
	Times:
	Located at: <input type="checkbox"/> OR <input type="checkbox"/> Wodonga Municipality
<input type="checkbox"/>	I understand that public liability insurance is required to the minimum value of \$10 million with Wodonga Council's interest noted, and confirming items subject to the permit are covered outside the premises, and have attached a copy of my insurance with this application.

Signature of applicant: _____

Date: _____

Office Use Only:

Receipt number: _____	Date paid: _____	<input type="checkbox"/> Bookings/Compliance Number: _____
		<input type="checkbox"/> Licence - P/P: _____

Payment options



In person - EFTPOS, credit card, cheque* or cash

Mail options - cheque or credit card (please complete credit card details below):

Card number:

Expiry date:

CCV number
(three digit number on back of card)

Name on card:

Signature:

* Please make cheques payable to 'Wodonga City Council'.