



**10 To be completed by the applicant/business owner**

Name *Individual or organisation*

Name of Signatory *If applicant is an organisation*

Signature

APPLICANT 1

Date

Name *Individual or organisation*

Position *Proprietor, Director, Manager*

Signature

APPLICANT 2

Date

**Application lodgement options**

**By mail:**

*Return completed application to:*

**Brisbane City Council  
GPO BOX 1434  
BRISBANE QLD 4001**

**In person:**

At Brisbane City Council's Customer Service Centres  
or Regional Business Centres.

**For further information:**

Please contact Brisbane City Council on (07) **3403 8888** or visit  
Council's website at [www.brisbane.qld.gov.au](http://www.brisbane.qld.gov.au)