## Application for Business Advertising Signage on Shire Managed Land



PO Box 614 Kununurra 6743 20 Coolibah Drive KUNUNURRA

Koolama Street WYNDHAM

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F | 9168 179

E | mail@swek.wa.gov.au

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1. APPLICANT  Full name:  Title/ Position:  Company Name:  Trading Name of Business:					
Title/ Position:  Company Name:  Trading Name of					
Company Name: Trading Name of					
Trading Name of					
_					
Business address(es):					
Postal address:					
Work phone: Mobi	le phone:				
Fax number: Hom	e phone:				
Email:					
2. REQUEST INFORMATION:					
Text to be displayed:					
(attach photos if available)					
Refer to Policy CP/OPS-3658 for details of various signage types					
Free Standing Signage					
Temporary Community Signs					
Variable Message Board					
Other					
3. LOCATION INFORMATION:					
Location Requested 1:					
Location Requested 2:					

Attach map if necessary to indicate locations proposed

## 4. CERTIFICATION BY APPLICANT

<ul> <li>I have read Counc</li> </ul>	il Policy CP/OPS-3658		
Full Name and Capacity	of Person Completing thi	s Application:	
Full Name (Print)			
Position Title			
		Date / /	
oplicant Signature			
5. OFFICE USE ONLY			
Received Date:			
Approved/Not Approved:		Date of Decision:	
Conditions:			
Application fee paid on	1 1	Receipt Number:	
Application lee paid on	/ /	Receipt Number.	