

**Application for Permit to Operate as  
Approved Transport Operator, Tours and Shuttles  
Akaroa Cruise Ship Season 2015/2016**

Christchurch City Council Public Places Bylaw 2008 / Trading and Events in Public Places Policy 2010

**APPLICANTS DETAILS**

Surname:		First Names:	
Trading Name:			
Private Address:			
Business Address:			
Email Address:			
Telephone No:		Business No:	
		Cell Phone No:	

**Note: There is a fee of \$133 for the above permit. Payment of the fee is NOT to be made until you have been notified that you have been successful.**

Vehicle(s) Registration Number .....

Transport Services License Number .....

Specific Type of Service offered: e.g. Shuttle Bus Tours of Banks Peninsula: .....

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**I acknowledge I have read the Conditions for Use For Transport Operators, Tours and Shuttles contained over the page and agree to comply with those conditions at all times.**

Applicant's Signature: ..... Date: .....

**Post or email this application to:**  
[akaroacruiseshipseason@ccc.govt.nz](mailto:akaroacruiseshipseason@ccc.govt.nz)

OR  
CEG Business Administrator  
Civic Offices, 53 Hereford Street  
PO Box 73014, Christchurch 8154

<b>OFFICE USE ONLY</b>	
Issuing CCC Office:.....	Permit No:.....
Authorising Officer:.....	Date:.....
Fees: Permit \$.....	GST Inc Receipt No: .....