



**Shire of Harvey**  
**Extractive Industries Local Law 2017 (Clause 4.1)**

**Application for Extractive Industry License**  
**Transfer**

<b>Office Use only</b>
Registration No.: _____
Assessment No.: _____
Synergy No.: _____
Application Type: _____

<b>Applicant's Details</b>			
Name/s			
Address			
Suburb		Post Code	
Phone		Fax	
Email			
<i>By signing this application form, I agree to comply with the conditions of the Development Approval and Extractive Industry Licence.</i>			
Signature:		Date:	

<b>Current Licensee Details</b>			
Name/s			
Address			
Suburb		Post Code	
Phone		Fax	
Email			
Signature:		Date:	

<b>Property Details</b>					
Lot No:		House/Street No:		Location No:	
Street name			Suburb		

<b>Existing Licence Details</b>	
Issue date of existing licence:	
Expiry date of existing licence:	

Information Submitted with Application	
Copy of current Licence (cl. 4.1(1)(c))	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other information that the Council may required (cl. 4.1(1)(e))	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licence transfer fee (cl. 4.1(1)(f))	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rehabilitation Bond			
Current Licensee		Proposed Licensee	
Amount	\$	Amount proposed	\$
Held by Shire	<input type="checkbox"/> Yes <input type="checkbox"/> No	Partial or Full bond	<input type="checkbox"/> Partial <input type="checkbox"/> Full
To be returned	<input type="checkbox"/> Yes <input type="checkbox"/> No	To be provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Returned	<input type="checkbox"/> Yes <input type="checkbox"/> No	Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No

Rehabilitation Status
The current status of rehabilitation works is

Owner/s Details and Consent			
Name/s			
Address			
Suburb		Post Code	
Phone		Fax	
Email			
Signature:		Signature:	
Date:		Date:	
<i>Note: The signature of the owner/s is required on all applications. This application will not proceed without that signature.</i>			