

APPLICATION FOR LAKE EILDON HOUSEBOAT RESTRICTED TERM LICENCE

NAME OF BOAT OWNER:				
POSTAL ADDRESS:				Postcode
	E-mail			
TELEPHONE:	Work		e	
BOAT REGISTRATION NO:				
DESCRIPTION OF BOAT:	Houseboat:	Cabin Cr	uiser:	Trailer Sailer:
	Overall length			Width (Beam)
	Engine (Type)			
	Manufactured By			
	Boat Name			
Note: Maximum	height for all boats			
LOCATION OF MOORING (If a	applicable):			
SEWERAGE SYSTEM:	Holding Tank:		Portable:	
ACCOMMODATION:	No of permanent	berths:	Ac	ditional berths
DATES REQUIRED:	From:		Тс	D:
FEE FOR RESTRICTED TERM	I LICENCE:	14 Day I	_icence <u>\$1</u>	46.00
Signature of Applicant:		Date:		
BOATS REQUIRING A LICEN	CE			
 All boats up to 9.1 metres (30 f If the boat contains a mari The boat must have aboat 	ne toilet which dischar	rges directly	into the wat	er it must be rendered inoperable;
length which could be slept on. Boats	with sleeping accommon it must be licenced to o	odation must a operate on La	lso have on-l	enches in excess of 1.5 metres (5 feet) in board a portable toilet. If a boat contains a GMW, irrespective of any intention by the
	your completed application your completed application of the second structure			
Goulburn-Murray Wa 19 High Street EILDON 3713	ter	Phone:	(03) 5774 39	00

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