

Shire of Cocos (Keeling) Islands

LOCAL SMALL BUSINESS WASTE MANAGEMENT SUBSIDY APPLICATION

Applicant Details:

Business Name			
Business ID (ABN/ACN)			
Business Address			
Owner 1			
Owner 2			
Contact Details			

Property Associated with subsidy:

Rates Assessment #	A
Property Address:	

Eligibility Criteria: *Refer Shire Policy CPFH4 - Community Funding - Waste Management*

Locally Owned / Operated	YES	NO
Number of Employees	Business turnover (gross revenue) <i>less than \$10m per annum</i>	YES NO
Description of service provided to local community: <i>add additional pages if required.</i>		
Provide evidence that your business has satisfied the conditions of the Shire Town Planning Scheme relative to business		

I certify that the above submission is true to the best of my knowledge and I understand that I subject myself to disciplinary action should the facts be found as falsified.

Owner 1: Name		Owner 2: Name	
Signature:		Signature:	
Date:		Date:	

OFFICE USE ONLY			
Date Received:		Debtor #	
Application Approved by:		Approver signature:	
Private Commercial Fee paid in full: Amount:		Date Paid in full:	
Subsidy Amount:		Subsidy Paid (date):	