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**Application for Approval of a Collection Depot  
Environment Protection Act 1993 Section 69  
Beverage Container Provisions**

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This form is designed to be used in conjunction with *Guidelines for collection depots*. You can download the guidelines at the [EPA website](#) or phone 08 8204 2004 to arrange to have a copy sent to you.

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Depot name .....

Company or trading name .....

Proprietor/s: .....

ABN ..... ACN .....

Depot location (full address) .....

Certificate of Title no. (required information) .....

Mailing address: .....

Telephone: ..... Mobile .....

Fax ..... Email .....

Contact person .....

Business hours—open from ..... to .....

on ..... (days of week)

Type of depot (please specify drive through/drive alongside/walk in/other):  
.....

I certify that I have a waste management arrangement<sup>1</sup> in place with the following super collectors for the aggregation of the empty beverage containers for reuse or recycling and the provision of refund value (10 cents) to persons delivering empty containers to the depot:

Please tick the appropriate boxes:

- |   |                                    |                                |                                  |   |  |
|---|------------------------------------|--------------------------------|----------------------------------|---|--|
| <input type="checkbox"/> Flagcan Distributors | <input type="checkbox"/> Aluminium | <input type="checkbox"/> Glass | <input type="checkbox"/> Plastic | <input type="checkbox"/> Liquidpaperboard | <input type="checkbox"/> Other (pls specify) |
| <input type="checkbox"/> Marine Stores        | <input type="checkbox"/> Aluminium | <input type="checkbox"/> Glass | <input type="checkbox"/> Plastic | <input type="checkbox"/> Liquidpaperboard | <input type="checkbox"/> Other (pls specify) |
| <input type="checkbox"/> Statewide Recycling  | <input type="checkbox"/> Aluminium | <input type="checkbox"/> Glass | <input type="checkbox"/> Plastic | <input type="checkbox"/> Liquidpaperboard | <input type="checkbox"/> Other (pls specify) |

or

Alternate waste management arrangement (give details):

.....

.....

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I hereby apply for approval to operate a collection depot at the location named on this application.

**Applicant's signature**..... **Date** .....

**Name** .....

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***Please see overleaf for details of applicable fees.***

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<sup>1</sup> In relation to containers of a particular class, means an arrangement for the collection, sorting and aggregation of containers of that class when empty and their reuse, recycling or other disposal.

**Application fee**

The following fee applies to applications for an approval to operate a collection depot.

Sector	Fee <sup>2</sup>
Collection depots	\$143.50

**Annual fees**

The following fee for collection depots is payable in advance with the application fee.

Sector	Description	Tick which applicable	Annual fee
Collection depots	Located in metropolitan Adelaide	<input type="checkbox"/>	\$307.50
	Located outside of metropolitan Adelaide	<input type="checkbox"/>	\$153.75

**Payment by mail**

Make cheques or money orders payable to Environment Protection Authority and crossed 'Not Negotiable'.  
Do not include bank notes or coins.

Mail your payment to:

The Revenue Officer, EPA, GPO Box 2607, Adelaide SA 5001

**Payment by credit card** (please tick the appropriate box)

Visa                       Mastercard

Card number ..... Expiry date .....

Cardholders name ..... CVV .....

Amount ..... Cardholder signature .....

**(For EPA use only)**

**Approved/not approved**

.....

(Delegate)

**Environment Protection Authority**                      **Date** .....

Paid by credit card/cheque .....

Gazette Notice date .....

Environment Protection Authority  
GPO Box 2607

Telephone: (08) 8204 2004  
Facsimile: (08) 8124 4670 Adelaide SA 5001  
Freecall (country): 1800 623 445  
Website: <https://www.epa.sa.gov.au>  
Email: [EPA.CDLteam@sa.gov.au](mailto:EPA.CDLteam@sa.gov.au)

<sup>2</sup> Fees are prescribed in the *Environment Protection (Fees) Variation Regulations 2011*