

Office: .....  
Date: ...../...../.....  
Time: .....  
Name: .....

## Commercial Activities - Fitness / Beach / Other - Form

*Local Government Act 2009 Local Law No. 1 – (Administration) 2011*

*Subordinate Local Law No. 1.2 – (Commercial Use of Local Government Controlled Areas & Roads) 2011*

**The Gladstone Regional Council is collecting your personal information in accordance with Council's Local Law 1 - Administration to process your Application for approval to undertake commercial activities within parks and reserves, on beaches and foreshores. The information collected will be entered into Gladstone Regional Council's names and address database and may be used for any necessary Council business. The information will only be accessed by authorised Council employees. This information will not be given to any other person or agency unless you have given us permission or we are required by law.**

**NOTE:** Your application will not be accepted or processed without the form being completed, applicable fee paid and all required documentation attached

### Tick ONE box that applies to you

#### New Licence (Must complete sections A, B, C and D)

Annual

Temporary Permit – maximum of 3 months (from start of approval) From: \_\_\_\_\_ To: \_\_\_\_\_

#### Other

Amendment of Licensee Details (Transfer of Licence) Existing Licence Number: COA - \_\_\_\_\_  
(Must complete sections A, B, C, D and E)

Amendment of Premises (Alterations to premises structure) Existing Licence Number: COA - \_\_\_\_\_  
(Must complete sections A, B, C, D and F)

## SECTION A - LICENSEE APPLICANT DETAILS - THIS SECTION MUST BE COMPLETED

If applicant is a corporation, insert corporation name and ACN

Who is making this application? (please tick only one)

Individual/s  ► GO TO 1. Individual Details - DO NOT COMPLETE 2. Corporation Details

Corporation/Incorporated Association  ► GO TO 2. Corporation Details - DO NOT COMPLETE 1. Individual Details

### 1. INDIVIDUAL DETAILS

#### Individual 1

Mr  Mrs  Miss  Ms  Other

#### Last/Family Name

#### First/Given Name

#### Phone Number

#### Fax. Number

#### Mobile Number

#### Individual 2

Mr  Mrs  Miss  Ms  Other

#### Last/Family Name

#### First/Given Name

#### Phone Number

#### Fax. Number

#### Mobile Number

**Email and Postal details of individual(s) making application - please provide 1 email and postal address only**

Email:

Postal Address:

**2. CORPORATION DETAILS**

**NOTE:** A Business Name and Trustee is not a legal entity and cannot hold a licence.

Corporation Name:

Phone - Work: (    )

Fax: (    )

Mobile:

ABN:

ACN:

Email:

Postal Address:

**3. APPLICANT DECLARATION AND SIGNATURE (new licensee)**

I/We acknowledge and agree that any permit issued pursuant to this application shall be subject to the following conditions:

- The approval holder shall, at all times, hold harmless and keep indemnified the Council, its members, employees and agents from and against all actions, suits, proceedings, claims, demands, losses, costs, charges and expenses which may be taken against, made on or suffered by it or any of them directly or indirectly on account of or in respect of or arising out of any act, matter or thing done or omitted to be done by the approval holder or agents or employees or any of them in connection with any activity carried out or purporting to be carried out under the permit or in the observance, fulfillment, non-observance or non-fulfillment of any condition of the approval.
- The approval holder shall ensure a Public Liability Insurance Policy taken out by him / her to the minimum value of twenty million dollars is kept in force for the whole of the period that the approval covers, and includes the Council as an interested party.

I/We hereby acknowledge and declare the information I/we have provided is true and correct. I/We acknowledge and agree to abide by the conditions of the approval set by Council.

**Applicant 1**

**Name of Individual or Agent/Consultant**

**Name of Signatory (if applicant is a Corporation)**

**Position (Proprietor, Director, Manager)**

**Signature**

**Date**

**Applicant 2**

**Name of Individual or Agent/Consultant**

**Name of Signatory (if applicant is a Corporation)**

**Position (Proprietor, Director, Manager)**

**Signature**

**Date**

**SECTION B - BUSINESS/TRADING DETAILS - Trading Name must be registered with Office of Fair Trading**

Trading Name:		
ABN:		ACN:
Street Address:		
Locality / Suburb:		State: Postcode:
Lot no:	Reg. plan no:	Parish:
Contact Person:		
Phone:		Mobile:
Fax:		Email:

**SECTION C - DETAILS OF PROPOSED BUSINESS ACTIVITY & COMPLIANCE WITH THE LOCAL LAW'S GUIDING PRINCIPLES**

<input type="checkbox"/> Fitness	<input type="checkbox"/> Beach	<input type="checkbox"/> Other, please detail:
<b>Description of Activities:</b>		
<b>The nature of the goods and/or services to be supplied:</b>		
<b>How will goods and/or services be supplied:</b>		
No. of personnel for business:	Est max number of customers - at any one time	& in a year
<b>Exact Location for Activities:</b>		
Entry / Exit points used for Activity:		
Hours of Operation (days & time):		
Details of any waste products/disposal:		
How will you ensure that priority use of the space by the community is maintained :		
What are the benefits for the community and how will impacts be limited in your business operations:		
Types of vehicles to be used (if any):		Rego:
		Rego:
Is signage intended to be displayed? If YES, provide details of signage and how it will be secured. <input type="checkbox"/> YES <input type="checkbox"/> NO		

**SECTION D - PUBLIC LIABILITY INSURANCE**

**A copy of current \$20,000,000 Public Liability Insurance Policy must accompany all applications**

Name of insured company:

Name of insured:

Policy No:

Amount:

Expiry Date:

**SECTION E - PREVIOUS BUSINESS AND LICENSEE DETAILS (Transfer Only)**

**If previous Licensee is a corporation, PLEASE ONLY COMPLETE 1. CORPORATION DETAILS**

**If previous Licensee is an individual, PLEASE ONLY COMPLETE 2. INDIVIDUAL DETAILS**

Previous Trading Name:

**1. PREVIOUS CORPORATION DETAILS**

Corporation Name:

Ph. Work: ( )

Fax: ( )

Mobile:

**2. PREVIOUS INDIVIDUAL DETAILS**

**Individual 1**

Mr  Mrs  Miss  Ms  Other

Last/Family Name

First/Given Name

Phone Number

Mobile Number

**Individual 2**

Mr  Mrs  Miss  Ms  Other

Last/Family Name

First/Given Name

Phone Number

Mobile Number

**3. APPLICANT DECLARATION AND SIGNATURE (previous licensee to complete and sign)**

**Please note that if not completed or signed Council cannot progress with the Transfer of Licensee approval**

I/We hereby declare the information I/we have provided is true and correct. By signing this form, you are agreeing that you are no longer responsible for the ownership/operation of the business listed in the application form and agree to relinquish all rights and responsibilities in relation to this business activity to the applicant listed on this application form.

**Applicant 1**

Name of Individual or Agent/Consultant

Name of Signatory (if applicant is a Corporation)

Position (Proprietor, Director, Manager)

Signature

Date

 /  / 

**Applicant 2**

Name of Individual or Agent/Consultant

Name of Signatory (if applicant is a Corporation)

Position (Proprietor, Director, Manager)

Signature

Date

 /  /

## SECTION F- AMENDMENT DETAILS ATTACH PHOTOGRAPHS / PLANS / SPECIFICATIONS TO SUPPORT APPLICATION

### Amendment (Alteration) Details:


### Environmental Management Plan - Guide

Part of the application to carry out a proposed Commercial Activity on Beaches and Foreshores is to submit an Environmental Management Plan. Your Environmental Management Plan may contain some of the following components:

- Description of the proposed activity;
- Description of the proposed site and location for the activity;
- Approximate size of area needed and what routes used to access the activity;
- Plans or efforts to protect any plant or animal life on land or water in the proposed area of the activities. In particular any rare or threatened species, also any general wildlife in the surrounding area(s) that may be affected by the activities on land or in water (e.g. dolphins, pelicans, turtles, coral etc.)
- Plans or efforts to prevent disruption of the above mentioned for example,
  - disruption of traffic or displacing wildlife feeding areas,
  - frightening wildlife,
  - removing vegetation, coral or any plant life,
  - contaminating wildlife and plant life with the introduction of weeds and pest species
- Plans to minimize any erosion that your proposed commercial activity might cause. Erosion can be caused from the introduction of walking tracks and channels or removing vegetation from the area.
- Efforts to protect any items of historical and cultural significance
- Plans to minimise any pollution that the proposed commercial activity might cause for example, litter, fuel spills, toilet stops, soaps and chemicals
- Plans to minimise any visual impact the proposed commercial activity might make for example, display of aged equipment, faded signage or inappropriate structures.
- Plans to minimise any excess noise that your proposed commercial activity might cause for example, whistles, horns, engine/motor noise or rowdy behavior

### Risk Management Plan - Guide

Part of your proposal to carry out Commercial Activities on Parks, Beaches, Reserves and Foreshores is to submit a Risk Management Plan along with the application form. Your Risk Management Plan may contain some of the following components:

1. Duty of care to workers and contractors
  - The **operator** for the proposed commercial activities will be required to demonstrate that strategies can be immediately implemented for the safety and welfare of its employees, contractors and subcontractors using the area for the proposed activity. These strategies may include:
    - Workplace Health and Safety Manual, including standards for things such as sun protection, lifting procedures and operation and maintenance of equipment etc.
    - Hazard Inspection Forms
    - Incident Report Forms
    - Training Itineraries and Code of Conduct standards for employees
2. Duty of care to participants, customers and bystanders
  - The **operator** for the proposed commercial activities will be required to demonstrate that strategies can be immediately implemented for the safety and welfare of participants, customers and bystanders using the area for the proposed activity. These strategies may include:
    - A map of "no go" zones
    - List of qualifications of supervisors and emergency contacts
    - Contingency measures in case of staff being unable to lead group through injury, attending to an emergency, illness etc.
    - Educational Handout identifying risks for the proposed area for example dehydration, sunburn, stingers etc.
    - Training checklists for participants that use equipment for example, snorkels, diving equipment etc.
    - List of safety equipment and quantities for example, lifejackets, First Aid kits etc.
    - Indemnity Forms

**LODGEMENT Note: Your application will not be assessed without the below attachments**

The following must be attached to your application:

- A sketch of the proposed location and layout of the activity including details of:
  - the boundaries of the site including details of buildings and any other structures;
  - the area (including dimensions) intended to be used for the activity and the location of all proposed equipment and facilities; and
  - any other commercial operators that are currently operating near or around the proposed site.
- A risk management plan (details provided above).
- A copy of your Public Liability Insurance Policy to the sum of not less than \$20,000,000.00 (20 million dollars). The public liability must indemnify Council, in the prescribed form and manner, against all public liability claims arising from operating the business.
- A copy of a current registration certificate must be provided for each vehicle proposed to be used in the operation of the activity (if applicable).

**Beach Activity Only**

- An environmental management plan (details provided on previous page).

**OFFICE USE - New Applicant, Amendment/Transfer Receipt to Licence Number**

Customer Service	Officer Name: _____	Receipt Number: _____	Date: _____
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**PAYMENT OPTIONS Only to be completed if NOT paying at a Council Office in person**

You may pay in person at any of Council's Administration Centres. Cashier hours may vary at each office. General cashier hours are from 8.30am to 4.45pm Monday to Friday.

**CREDIT CARD →**    **Visa**     **Master Card**     **AMEX**     Please tick if a receipt is required:    Yes     No

Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Expiry Date: \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

**POST →**    Post a cheque or money order made payable to:  
Gladstone Regional Council  
PO BOX 29  
GLADSTONE DC QLD 4680