

# Use of Local Government Controlled Areas, Facilities and Roads

This application is made under *Whitsunday Regional Council Local Law No. 1 (Administration) 2014*. A copy of these laws may be found on website: <http://www.dip.qld.gov.au/local-government/local-laws-database.html> and select 'Whitsunday Regional Council' to search.

If you have any questions about how to complete this form, please contact Council's Health, Environment & Climate Branch on 07 4945 0259.

Please complete this application in BLOCK LETTERS and tick or fill in boxes where applicable. If a question does not apply, please indicate 'n/a'.

## APPLICATION TYPE

- |   |          |   |          |
|---|----------|---|----------|
| <input type="checkbox"/> New Licence Application            | \$255.00 | <input type="checkbox"/> Annual Licence                 | \$192.00 |
| <input type="checkbox"/> Annual Rental – per m <sup>2</sup> | \$153.00 | <input type="checkbox"/> Filming one off events         | \$255.00 |
|   |          | <input type="checkbox"/> Filming regular events per day | \$383.00 |

**Note: All fees current until 30 June 2018**

## APPLICANT DETAILS

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Locality/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## BUSINESS DETAILS

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Locality/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Lot No: \_\_\_\_\_ Registered Plan No. (RP): \_\_\_\_\_ Parish: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

**APPLICANT AGREEMENT WITH LOCAL GOVERNMENT**

Surname: \_\_\_\_\_

Given Names: \_\_\_\_\_

I acknowledge that any licence issued pursuant to this application shall be in accordance with the following conditions:

- a) The licence holder shall, at all times, keep indemnified the Council, its members, officers, employees and agents from 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 licence holder or its agents or employees or any of them in connection with any activity carried out or supporting to be carried out under the permit or in observance, fulfilment, non-observance, or non-fulfilment or any condition of the licence;
- b) The holder of the licence must take out a public liability insurance policy to the value of TWENTY MILLION DOLLARS (\$20,000,000.00) with the Local Government being endorsed as an interested party;

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROOF OF PUBLIC LIABILITY A copy of your Public Liability must be attached to this application**

Name of Insurance Company: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

**DESCRIPTION OF ACTIVITY**

Please include information on the following:

- a) Location
- b) Type of Activity
- c) Maximum number of expected participants
- d) Hours of operation

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**AGREEMENT WITH LOCAL GOVERNMENT, INDEMNIFYING THE LOCAL GOVERNMENT AGAINST CLAIMS FOR PERSONAL INJURY AND DAMAGE TO PROPERTY IN CONNECTION WITH THE LICENCE**

**APPLICANT / INDEMNIFIER DETAILS**

Name: \_\_\_\_\_  
Postal Address: \_\_\_\_\_  
Locality/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
Locality/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

**AGREEMENT**

***I \_\_\_\_\_, the proposed holder of a licence under Whitsunday Regional Council Local Law No. 1 (Administration) 2014, agree to enter into this agreement with Whitsunday Regional Council, indemnifying Whitsunday Regional Council against claims for personal injury (including death) and damage to property (including economic loss) arising by, through or in connection with the licence.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WITNESS OF APPLICANT / INDEMNIFIER'S SIGNATURE**

Witness Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_