

Somerset Regional Council

2 Redbank Street, Esk
PO Box 117,
Esk QLD 4312

Telephone (07) 5424 4000 Facsimile 07 5424 4099

Email mail@somerset.qld.gov.au

Website www.somerset.qld.gov.au



**Local Government
Act 2009**

**Local Law
(Parks and
Reserves)**

Activities on Parks and Reserves

Application for Approval for Activities on Council Parks and Reserves

Contact Council if you have any specific enquiries regarding fees or how to complete this form. Type or print clearly and select boxes where applicable. Enter "n/a" if the question does not apply.

Application is for

Approval for Activities on Parks and Reserves

Fee \$ _____

**If applicant is a company,
insert company name and
ACN / ARBN.**

Applicant/s details

Company name ACN / ARBN

Title (eg. Mr, Mrs, Miss etc.)

Family name
Given names
Position

Title (eg. Mr, Mrs, Miss etc.)

Family name
Given names
Position

Terms and Conditions

1. The area is to be left in a clean and tidy state.
2. No alcohol in park area (unless otherwise approved).
3. No glass receptacles are to be used.
4. Council is to be indemnified against any claim which may arise as a result of this activity.
5. All food preparation and distribution to comply with Health Service requirements.
6. All electrical cords, fittings, switchings, etc. are to be in accordance with the appropriate Australian Standards.
7. Provide adequate controlled access for pedestrians where applicable.
8. If necessary, keys are to be collected from the front counter of Council office.
9. Driving speeds in excess of 10kph are not permitted.

I / We have read and agree to abide by Council's conditions.

Signature	Date
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Signature	Date
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Select as applicable.	Contact details		
	<input type="checkbox"/> Business	<input type="checkbox"/> Private	
	Contact person		
	Postal address		
	Locality / Suburb	State	Postcode
	Contact ph.	Mobile	
Contact fax	Email		

Business name must be registered with the Australian Securities and Investments Commission Enter postal address if different from street address. Real property description - refer to Rates Notice.	Business details		
	Business name	No	
	Street address		
	Locality / Suburb	State	Postcode
	Postal address		
	Locality / Suburb	State	Postcode
	Contact ph.	Mobile	
	Contact fax	Email	
Lot no.	Reg. plan no.	Parish	

	Activity details			
	Name of park			
	Type of activity or function			
	Date	/	/	
	Time	From	<input type="checkbox"/> am <input type="checkbox"/> pm	To <input type="checkbox"/> am <input type="checkbox"/> pm
	Duration	No. persons attending (approx.)		
	Name and contact details of organiser (if applicable)			
Contact ph.	Mobile			
Contact fax	Email			

A copy of a Public Liability Insurance Policy, to the minimum \$ value required by Council, must accompany applications. The policy shall name the insured as 'the applicant for the Permit and the Council'.	Public liability insurance		
	Name of insurance company		
	Name of insured		
	Policy no.	Amount of cover \$	
	Policy expiry date	/	/

Lodgement

Please attach the following:

1. A copy of your Public Liability Insurance Policy to the minimum \$ value required by Council. The public liability must indemnify the Council, in the prescribed form and manner, against all public liability claims arising from the operation of this business.
2. A certified copy (or other evidence of approval) of any other registration, licence or permit required under any other law, as part of the occupation or use of Council Parks and Reserves.

Please note: This application and fee MUST be lodged with your Council

Privacy Statement

The Council is collecting your personal information in accordance with current legislation to process your application. The information will only be accessed by authorised council employees. Your personal details will not be disclosed to a third party outside the process of dealing with your application, except where required by legislation (including the *Right to Information Act 2009*) or as required by Queensland State Government.

Office use only

Application fee		Reg. no.	
Receipt code		ID no.	
Authorised officer		Inspection date	/ /
Recommendation			
		Rec. no.	
Date	/ /	Account property no.	