

North Burnett Regional Council

34-36 Capper Street, Gayndah
PO Box 390,
Gayndah QLD 4625

Telephone 1300 696 272 Facsimile 07 4161 1425

Email admin@northburnett.qld.gov.au

Website www.northburnett.qld.gov.au



*Local Government
Act 2009*

Activities in Bathing Reserves

*Local Law
(Bathing Reserves)*

Approval to Hire Aquatic Equipment / Aquatic Activities

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

Activities in Bathing Reserves

Fee \$ _____

Applicant/s details

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

Company name ACN / ARBN

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

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature Date

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

Family name

Given names

Position

I declare the information provided in this application to be true and correct.

Signature Date

Contact details

Select as applicable.

Business Private

Contact person

Postal address

Locality / Suburb State Postcode

Contact ph. Mobile

Contact fax Email

Business name must be registered with Fair Trading.

Enter postal address if different from street address.

Real property description - refer to Rates Notice.

Business details

Business name		BN	
Street address			
Locality / Suburb		State	Postcode
Postal address			
Locality / Suburb		State	Postcode
Contact ph.	Mobile		
Contact fax	Email		
Lot no.	Reg. plan no.	Parish	
Trading hours and time of year			
Hours of operation		<input type="checkbox"/> am	<input type="checkbox"/> pm
Days of operation			
Months of operation			
Details of nature of aquatic equipment that is to be available for hire / proposed activities			

Reservation of bathing reserve

Has prior approval been granted to set aside an area of the bathing reserve for the use of aquatic equipment?

- No If no, do you wish to seek approval now?
 No Yes Approval not required
- Yes If yes, provide details of approval

Date	/ /
Approving officer	

What proportion of the bathing reserve is required for the activity? (show specific area on your plan) %

Provide details of the potential impact the activities would have on the amenities of the bathing reserve

Provide details of the potential impact of the activity on the enjoyment of the bathing reserve by other users

Is a vehicle required to access the bathing reserve to undertake the activity detailed above?

- No Yes If yes provide vehicle details

Make	Model
Registration no.	Name of driver

Intended time of use on reserve

Time	<input type="checkbox"/> am <input type="checkbox"/> pm	Date	/ /
Time	<input type="checkbox"/> am <input type="checkbox"/> pm	Date	/ /

Is a premises (temporary or permanent) required to be erected for this activity?

- No Yes If yes, has planning / building approval been reserved?
 No If no, you must gain approval. Please complete an IDAS form.
 Yes If yes, provide details of approval _____

A copy of a Public Liability Insurance Policy to the minimum \$ value required by Council, must accompany all 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:

- Plans clearly showing:
 - the full area of the bathing reserve;
 - the area reserved for activity;
 - the location including:
 - distance of premises from the foreshore;
 - location of any required signage; and
 - intended route for vehicle if required.
- 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.

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

Receipt no.	Date / /
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Approval for activity

Bathing reserve reservation approval No Yes

Approving officer name	
Signature	Date / /
Restrictions	

Vehicular use approval No Yes

Approving officer name	
Signature	Date / /
Restrictions	