

Year: 2022/23

You MUST complete ALL questions unless the form indicates otherwise. Incomplete forms or forms without all necessary information and documentation will result in your application not being a properly made application.

For all applications, you must:

- complete this form
- complete and provide any supporting documents, information and materials identified on this form as being required to accompany your application
- submit the applicable fee

Applicant's details

Applicant's name	<input type="text"/>
Business name / Organisation	<input type="text"/>
ABN (if applicable)	<input type="text"/>
Registered Business address	<input type="text"/> <input type="text"/>
Postal address	<input type="text"/> <input type="text"/>
Business phone number	<input type="text"/>
Business email address	<input type="text"/>
Contact Person	<input type="text"/>
Mobile phone number	<input type="text"/>
Email address	<input type="text"/>

Activity Details

Activity Type	<input type="checkbox"/> Commercial Recreation Programs and Activities - up to 6 clients only <input type="checkbox"/> Commercial Recreation Programs and Activities - up to 20 clients only <input type="checkbox"/> Commercial Recreation Programs and Activities - 21 or more clients per class – (capped at 50) <input type="checkbox"/> Tours <input type="checkbox"/> Amusement Activities / Rides <input type="checkbox"/> Vending <input type="checkbox"/> Other (please specify) <input type="text"/>
Activity Name	<input type="text"/>
Activity Date/s (proposed dates & days of week)	<input type="text"/> <input type="text"/>
Location	<input type="text"/>
Hours of operation	<input type="text"/>
Bump in Dates/Times (set up)	<input type="text"/>
Bump Out Dates/Times (pack down)	<input type="text"/>

Activity Details Continued

Number of Attendees/Participants Number of Staff/Instructors

Additional details (if any)

Description of activity

Provide a detailed description of the proposed Activity.

User Benefits

Provide a description of how your activity will benefit users.

Public / User demands

Please describe what demand exists for this activity.

Site Equipment / Infrastructure

Details of all equipment that will be brought on site for the activity?

Will there be any structures or equipment used during the activity?

Site plan attached? Yes No

Other Information

Will you require power? Yes No (only available on some sites)

Will you require lighting? Yes No

Are you selling products (if YES, provide a description) Yes No

Will you require vehicle access? Yes No

(if YES, provide details of the number & type of vehicles associated with the activity

Qualifications & Experience

Are you providing recreation class(es) involving physical activity? Yes No
(eg aerobics, boxing etc.)

If YES - a copy of a current First Aid and CPR Certificate is required for all instructors.

Please provide a summary of experience and relevant qualifications for all instructors. (NOTE: copies of certificates etc. will need to be provided with this application).

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Supporting documents, information and materials required to complete this application. Please complete this checklist in full	Tick or indicate N/A where not applicable	
Please attach a copy of your Public Liability Insurance to the value of \$20,000,000.00 noting Cairns Regional Council as an interested party.	<input type="checkbox"/>	
Please attach a copy of your Professional Indemnity Insurance – that indemnifies Council to a minimum of \$5 million dollars. (for commercial health and Fitness providers)	<input type="checkbox"/>	
Please attach a copy of your Certificate of Business/Company Name Registration .	<input type="checkbox"/>	
Please attach a copy of your current First Aid and CPR Certificate . (For all instructors)	<input type="checkbox"/>	
Please attach a sketch plan of the proposed location and layout of the activity – (include details of temporary structures, entry and exit points to the site; and any other commercial operators who are currently operating from/or adjacent to the proposed site).	<input type="checkbox"/>	
Attach a statement detailing experience and qualifications of all staff , along with copies of any relevant certificates	<input type="checkbox"/>	
Please attach a Risk Management Plan	<input type="checkbox"/>	

Declaration

To the Chief Executive Officer, Cairns Regional Council.

I / We make application under *Cairns Regional Council Local Law No. 1 (Administration) 2016* for approval for the General Activity as outlined in this form.

Print Name:

Signature:

Dated:

Fee	\$
Application Fee – <i>Unspecified activities (other prescribed/restricted activity not otherwise specified S97(2)(a))</i>	255.00

Term of approval: The term of approval is the period stated on the approval.

Term of renewal of approval: The term of any renewal of an approval is the same term as the original approval subject to compliance with all conditions stated on the approval.

Cairns Regional Council – Information Privacy Statement

Your personal information has been collected for the purpose of assessing your Application for Approval. The collection of your information is authorised under the *Local Government Act 2009*. You are providing personal information which will be used for the purpose of delivering services and carrying out Council business. Your personal information is handled in accordance with the *Information Privacy Act 2009* and will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless you have given Council permission or the disclosure is required by law.

