

**CITY OF HOLDFAST BAY
LEISURE ACTIVITY LICENSE
APPLICATION FORM
2004 - 2005**



Name: _____

Organisation/Business: _____

ABN: _____

Address: _____

Work: _____ Home: _____ Mobile: _____

Email: _____ Fax: _____

Signed: _____ Date: _____

Leisure Activity Name: _____

Brief description of activity/service:

Desired Location: _____ (Please Specify)

Area required: _____ (metres)

Desired operational hours within 8am – 8pm:

Times: Set up from: _____ am/pm Commence Operation: _____ am/pm

Finish Operation at: _____ am/pm Finish pack up: _____ am/pm

Months: November: _____

December: _____

January: _____

February: _____

March: _____

You are required to select what months you wish to operate – not individual days. Your monthly hire fee allows you to operate whenever you choose (within the guidelines) within that month. You may also choose to operate from mid month – mid month ie. start mid November, end mid February.

What do you charge for your activity? _____ (ie. per ride/product)

Public Liability Insurance:

Company: _____

Amount of Cover: _____



(Please attach a copy as proof)

(Minimum amount \$10 million)

Safety Certification:

Details: _____



(Please attach copies of relevant certification)

Power required: No Yes If so, what type? (240v, 3 phase): _____

Do you require vehicle access to unload/load equipment? No Yes

If so, how many vehicles? _____ Type of vehicle: _____ Rego: _____

Details: _____

Please provide details: (Only complete where relevant to you)

Control Security (money handling, emergency plan):

Storage requirements (equipment on the day):

Sell the product to the public (over counter, from tent):

Promote/Advertise (signage, brochures, website):

Set-up/Display (What is involved?):

Staff at Stall (How many? Trained/Qualified):



Please attach any further information that you think is necessary including drawings, photographs and mudmaps.

SUMMARY OF THE PROPOSED LEISURE ACTIVITY



This summary will be used for promotional purposes such as Council’s website, flyers and events calendar. It will also be provided to the Glenelg Visitor Information Centre and any other parties who are interested in finding out more about your activity.

Activity Name: _____

For further Information contact: _____ on ☎ _____
