

Contact Details:

Postal Address: PO Box 177, Macksville NSW 2447 Telephone: (02) 6568 2555

- ..

www.nambucca.nsw.gov.au

Email:

Website:

council@nambucca.nsw.gov.au

Updated: July 2023 Our Ref: 15688/2010

Office Location:

44 Princess Street, Macksville NSW 2447

COMMERCIAL ACTIVITIES ON COUNCIL CONTROLLED LAND APPLICATION FORM

Please refer to the Local Approvals Policy which is available on Council's website. Every section of this form <u>must</u> be completed. Documentation may or may not be required depending upon your commercial activity and the responses to the questions in this form. If documentation is required please <u>attach</u> to application form with required fee.

A non-refundable annual Licence application (plus inspection, lease and bond where applicable) is payable on lodgement of this application form *Section 3 - Fees*. These fees allow for assessment and monitoring of the commercial activity and maintenance of the public reserve related to the area used by the commercial activity.

Any licence issued by Council merely approves the defined commercial activity at the stated locations. The application process, the licence and the applicable fee relate to a regulatory process not the sale of an exclusive right. The licence does not grant or imply exclusive use and the licence holder is always obliged to respect that these are shared public use areas and legitimated potential users include other commercial operators as well as members of the public.

Section 1 – The Applicant: (All correspondence will be forwarded to this name and address)												
Applica	nts Name:											
Address	s:											
Phone:				Mobile								
Email:												
Section 2 - Business/Commercial Activity Details:												
Business/Trading Name												
Type of Commercial Activity:												
Description of Activity:												
Equipment/materials, livestock to be used (including maximum number)												
Description of exact location/s of activity: (also Refer Section 4)												
Time and days of activity:												
Days	Mon	Tue	Wed	Thu	Fri	Sat	Sun					
Hours												

Section 3 - Fees: (GST Exempt)												
Application Fee		Job No.		Date Paid	Receip	Receipt No.						
\$ 300.00		2100.0105.0086										
Section 4 - Vehicle Details: (for all vehicles used for the commercial activity)												
Vehicle Registration No/Nos												
	odel/Colour	08										
IVIAKE/IVIC	odel/Coloui											
Section 5 - Other Requirements The following information must be <u>attached</u> to your application												
Map		Map illustrating exact location of activity to be conducted.										
Qualifications		 Industry accreditation/qualifications Licenses/Permits for all equipment used in this activity Required certificates for business activity type Senior First Aid Certificate 										
Risk & Safety (Operations) Management Plan		 Risk assessment for activity Risk and safety management protocols First aid Emergency response Evacuation plan Operational procedures for activity (if required) 										
Insurances		Certificate of Currency for Public Liability - \$20Million (noting Nambucca Valley Council as an interested party). Please note as insurance is renewed a current "Certificate of Currency" must be lodged with Council at all times.										
Section	n 6 - Checklist o	of Docu	mentation Requi	red – To be completed App	olicant	YES	NO					
Section	1 Application	Details	•									
Section 2 Business/0		Commercial Activity Details										
Section 3 Payment												
Section 3 Vehicle De		etails										
Section 4 - Map of e		xact location where activity is to be conducted										
- Qualifica		ions										
	- Risk & Sa	afety Operations Management Plan										
	- Certificate	e of Currency for insurances										
Section 7—Declaration												
0	I/We will ensure that any and all alterations to the proposal are submitted to Council in writing as soon as they become available, and acknowledge that alterations will only be considered if sufficient time is provided in which to assess the proposed changes. I/We acknowledge that it will be my/our responsibility to ensure that all requirements and conditions of the Commercial Activities Licence will be met.											
	Any information or evidence required to asses this application has been provided.											
	I/We certify that all of the information contained in this application is correct and accurate.											
	I/We understand that if the application is incomplete it will delay processing for approval.											
Name			Signature			Date						