



Use of Council Open Space – Parks & Reserves Commercial Health and Fitness Providers

Seasonal Application

Winter - 1 April to 30 September Year 20_____.

Summer - 1 October to 31 March Years _____ / _____

Weekly/Monthly/Quarterly Application

Start Date _____ End date _____

(Please indicate the year and season or start and end date.)

Section 1 – Applicant Details		
Applicant Name		
Business Name		
Postal Address		
	Suburb	Post Code
Telephone Number		
Mobile		
Fax Number		
Email Address		
Website Address		

Section 2 – Documentation Required (Evidence of the following must be supplied)		
Public Liability Insurance: Certificates of Currency of not less than \$10 million.	Name of Insurer:	Amount of coverage: \$
	Date of Insurance: From ___/___/___ To ___/___/___	
Professional Indemnity Insurance: Certificate of Currency of not less than \$5 million.	Name of Insurer:	Amount of coverage: \$
	Date of Insurance: From ___/___/___ To ___/___/___	

SECTION 3: DATES AND TIMES REQUIRED

Please complete the attached table with as much information as possible. When filling out the location, please describe the area in detail.

NOTE: Please be aware that this information must be complete to allow for maintenance scheduling and to ensure there are no double bookings.

e.g. Mondays				
Start Time: 7:00am	End Time: 8:00am	No. of Participants: Maximum 10 people	Activity: Bootcamp	Equipment: Mats, Dumbbells, Rope
Location: Beauty Park, Yuille Street end.				

Mondays				
Start Time: (AM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for AM session:				
Start Time: (PM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for PM session:				
Tuesdays				
Start Time: (AM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for AM session:				
Start Time: (PM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for PM session:				
Wednesdays				
Start Time: (AM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for AM session:				
Start Time: (PM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for PM session:				

Thursdays				
Start Time: (AM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for AM session:				
Start Time: (PM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for PM Session:				
Fridays				
Start Time: (AM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for AM session:				
Start Time: (PM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for PM session:				
Saturdays				
Start Time: (AM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for AM session:				
Start Time: (PM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for PM session:				
Sundays				
Start Time: (AM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for AM session:				
Start Time: (PM)	End Time:	No. of Participants:	Activity:	Equipment:
Location for PM session:				

Please attach further allocation request information on a separate sheet if required.

SECTION 4: PROCEDURE FOR APPLICATION AND APPROVAL

- Read and accept the terms and conditions for the use of 'Council Open Space – Commercial Health and Fitness Providers'
- Complete the application form and attach all required documentation (see section 2)
- Submit your application no less than 6 weeks prior to the commencement of a season
- An officer will assess your application and notify you of the outcome 3 weeks prior to the commencement of the season
- Applications that are made during the season will be assessed within 4 weeks of Council receiving the application. If approval is granted, you will be invoiced on a pro-rata basis from the commencement date of the permit to the end of the current season.
- You will receive the permit and invoice for the appropriate fee if your application has been approved
- Payment must be received within one month of the commencement date of your permit or your permit may be cancelled.
- If council determines that the permit is not being reasonably utilised it may cancel the permit.

SECTION 5: PRIVACY STATEMENT

Council collects your personal information for the purpose of processing your request and for internal research purposes. If you have any queries or wish to access your personal information, please contact Council's Privacy Officer on 9784 1077.

SECTION 6: AGREEMENT

Having read the terms and conditions for the use of 'Council Open Space – Commercial Health and Fitness Providers' along with the Victorian Government COVID19 Restrictions for Outdoor Exercise Groups, I hereby agree to comply with all conditions stated.

Signature _____ Date ____/____/____

Print Name _____