

Recreation Activity Permit Application Form

Important Information:

- The information requested in this form is required to enable your application to be processed. If you have any difficulties completing this form, please contact the Recreation Support Officer on 3817 5053 or email recreation@seqwater.com.au.
- Your application must be approved BEFORE you can proceed with your nominated activity.
- Submitting an application does not guarantee approval of your nominated activity.
- Applications with all supporting documentation should be submitted **at least 4 weeks prior to the event.**

1. APPLICANT'S DETAILS

Applicant's Full Name:	Title:
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Registered Legal Entity Name (if applicable):

Address (cannot be a post office box):
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Telephone:	Fax:	Mobile:
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Postal Address (if the same as above write "as above"):

Email Address:	Please circle your preferred method of contact : Email Mail
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(a) Is the proposed activity?

Leisure/Social Competitive Commercial

(b) Please complete the following details for your proposed activity:

Name of Event/Activity			
Date(s) of Event/Activity			
Proposed Location (name of Dam/Lake/Park)			
Activity/Event Start Time:		Activity/Event Finish Time:	
Start Time for Set up (if required):		Finish Time (including clean up):	
Estimated Number of Participants:		Estimated Number of Spectators:	

(c) Describe your proposed activity in detail:

(d) Do you require exclusive use of the area?

Yes* No

** Exclusive use can not always be guaranteed. Fees and Conditions may apply*

(e) Site Plan

Please attach a site plan which clearly indicates any of the following that is applicable to your activity:

- | | |
|---|---|
| <input type="checkbox"/> Entrances/Exits | <input type="checkbox"/> Emergency Access |
| <input type="checkbox"/> Parking | <input type="checkbox"/> Security Locations |
| <input type="checkbox"/> First Aid Posts | <input type="checkbox"/> Temporary Structures |
| <input type="checkbox"/> Fire Control Equipment | <input type="checkbox"/> Other Relevant Items |

(f) Structures

Will you be erecting any temporary structures?

- Yes No

If yes, please describe the type of the structure(s) you would like to erect. Please ensure that these are noted on your site plan.

Structure(s):

(g) Aquatic Activities

As part of your proposed event do you intend to have any aquatic activities that could impact on general use by other vessels?

- Yes No

If yes, an application for an Aquatic Event Permit must be lodged with Maritime Safety Queensland www.msq.qld.gov.au.

Seqwater requires you to provide a copy of the Aquatic Event Permit from MSQ prior to the event..

Please ensure your Risk/Safety Management Plan adequately addresses water safety.

(h) Alcohol

Are you intending to sell alcohol at your activity/event?

- Yes No

If yes, a General Purpose Permit or Public Function application must be lodged with the Liquor Licensing Division, Department of Tourism, Fair Trading and Wine Development.

Please note that glass products are not to be used to serve refreshments.

3. EMERGENCY FIRST AID AND MEDICAL SERVICES

Number of Trained First Aid Personnel on Site

Number of First Aid Posts Planned

Please ensure the first aid posts are clearly shown on your site plan and your emergency procedures are outlined in your Risk/Safety Management Plan.

4. PUBLIC LIABILITY INSURANCE

Please provide a copy of your current Certificate of Currency when lodging your application. Please ensure you fulfill your duty of disclosure to your insurer by informing them of the full scope of activities of this event and ensure that the value of cover is at least **\$10 million**.

5. DECLARATION AND SIGNATURE

I declare that all the information contained in, and with, this application is true and correct. I understand that the information supplied may be disclosed publicly in accordance with the *Freedom of Information Act 1992* and the *Evidence Act 1977*.

Applicant's Signature

Date:

Position Held