

Commercial Health & Fitness Provider - Permit Application

This form is to be used if you wish to apply to Council to operate commercial/personal fitness training activities on a public open space / reserve managed by Council. This form is to be read in conjunction with Council's Public Spaces Guidelines and Council Commercial Health & Fitness Provider Permit Conditions.

Applicant Details

Name of Business: _____

Contact Person: _____

Phone: _____ Mobile: _____

Postal Address: _____ Suburb: _____ Post Code: _____

Proposed Areas of Use (please tick)

<input type="checkbox"/>	Hopwood Gardens Echuca	<input type="checkbox"/>	Onion Patch Echuca	<input type="checkbox"/>	Aquatic Reserve Echuca
<input type="checkbox"/>	Victoria Park Entrance Echuca	<input type="checkbox"/>	Vic Park Boat Ramp	<input type="checkbox"/>	Scenic Drive Echuca
<input type="checkbox"/>	John Pilley Reserve Kyabram				
<input type="checkbox"/>	Other (please specify)				

Proposed Days/Times for Use

Document Checklist

All Commercial Health Providers MUST submit the following documents;

- Certificate of Currency Public Liability Insurance (minimum \$10m)
- Copies of qualifications for each trainer/instructor including current first aid certificates
- Evidence of professional registration with Fitness Australia or relevant peak body
- Risk and Emergency Management Procedures

Type of Activity

Detailed description of training/fitness activities to be undertaken: _____

Permit Fees and Charges

2023/2024 Permit Fees:

\$300 for 12-month period

Applicant Declaration

I certify that all details supplied in this application form and in the attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of the applicant organisation. I agree to contact Campaspe Shire Council in the event that any information regarding this application changes or is found to be incorrect. I acknowledge that I have read the 'Permit Conditions' and the 'Public Spaces Trading Guidelines' and agree to comply with all conditions listed.

Name: _____ Position in Organisation: _____

Signature: _____ Date: _____

Submitting your application

Incomplete applications will not be assessed and will be returned to applicant.

Please submit your application to Campaspe Shire Council at least 14 days prior to your proposed activity date via email or post.

Email: shire@campaspe.vic.gov.au

Post: Campaspe Shire Council
Recreation Team
PO Box 35
ECHUCA VIC 3564

In person:
Cnr Heygarth and High Streets
ECHUCA VIC 3564

Enquiries: Contact the Recreation Services Officer Ph. 5481-2200 or 1300 666 535

VICTORIAN GOVERNMENT INFORMATION PRIVACY ACT 2000

The personal information requested on this form is being collected by the Campaspe Shire Council for the provision of accessing Council managed reserves/open spaces. This information will be used solely by the Council, for that primary purpose or directly related purposes. If this information is not collected it will impede the processing of your application for use of a reserve/open space. The applicant understands that the personal information provided is for the processing of this application for use of a reserve/open space, and that he or she may apply to Council for access to and/or amendment of the information. Requests for access and/or correction should be made to the Privacy Officer, Campaspe Shire Council.