# PARK LANDS SPORTING SUB-LICENCE APPLICATION FORM

*Please complete this form and return to:*

Active City Program | Adelaide City Council

GPO Box 2252 ADELAIDE SA 5001 or [activecity@adelaidecitycouncil.com](mailto:activecity@adelaidecitycouncil.com)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Proposed Sub-Licence holder to complete form and forward to Licence holder | | | | | |
| LICENCED AREA DETAILS | | | | | |
| Name of current Licence holder | | | | | |
|  | | | | | |
| Has your organisation Sub-Licenced in the Park Lands before? *Please tick* | | | YES  NO | | |
| ORGANISATIONAL DETAILS FOR SUB-LICENCE | | | | | |
| Club/Organisation name | | | | | |
|  | | | | | |
| Contact name |  | Position held | | | |
|  |  |  | | | |
| Email |  | Mobile phone | |  | Business phone |
|  |  |  | |  |  |
| Mailing address | | | | | |
|  | | | | | |
| Physical address (*If different from above)* | | | |  | Clubroom phone |
|  | | | |  |  |
| Please advise details of fees charged by Licence holder to sub-Licence area | | | | | |
|  | | | | | |

## CHECKLIST

Please see the list below of the documents which are required to be provided with this application:

* Completed Park Lands Sporting Sub-Licence Application Form
* Evidence of current Public Liability Insurance *(minimum $20 million)*

## SPECIAL EVENTS

The License only covers activities within the Licence Schedule. For carnivals, nationals, fetes, etc., please contact Council to discuss and request appropriate approval for each special event or activity in advance.

**All event enquires must be directed to Council on 8203 7203 or via events@adelaidecitycouncil.com**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Please complete below the details for each activity or sport as required* | | | | | | | | | | | | | | | | |
| ACTIVITY #1 – USAGE DETAILS | | | | | | | | | | | | | | | | |
| Activity or sport type (*e.g. soccer, tennis, athletics)* | | | | |  | Park number | | | |  | Area within Park *(e.g. courts, ovals)* | | | | | |
|  | | | | |  |  | | | |  |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| Usage period *(please tick)* | | | ANNUAL  SEASONAL  SUMMER  WINTER | | | | | | | | | | | | | |
| Months of use *(please tick)* | | | JAN  FEB  MAR  APR  MAY  JUN | | | | | | | | | | | | | |
| JUL  AUG  SEP  OCT  NOV  DEC | | | | | | | | | | | | | |
| Times of use *(please enter usage times and activity under relevant day)* | | | | | | | | | | | | | | | | |
|  | MON | TUE | | WED | | | THU | | | | | FRI | | SAT | | SUN |
| AM |  |  | |  | | |  | | | | |  | |  | |  |
| PM |  |  | |  | | |  | | | | |  | |  | |  |
|  | | | | | | | | | | | | | | | | |
| ACTIVITY #2 – USAGE DETAILS | | | | | | | | | | | | | | | | |
| Activity or sport type (*e.g. soccer, tennis, athletics)* | | | | |  | Park number | | | |  | Area within Park *(e.g. courts, ovals)* | | | | | |
|  | | | | |  |  | | | |  |  | | | | | |
|  | | | | | | | | | | | | | | | | |
| Usage period *(please tick)* | | | ANNUAL  SEASONAL  SUMMER  WINTER | | | | | | | | | | | | | |
| Months of use *(please tick)* | | | JAN  FEB  MAR  APR  MAY  JUN | | | | | | | | | | | | | |
| JUL  AUG  SEP  OCT  NOV  DEC | | | | | | | | | | | | | |
| Times of use *(please enter usage times and activity under relevant day)* | | | | | | | | | | | | | | | | |
|  | MON | TUE | | WED | | | THU | | | | | FRI | | SAT | | SUN |
| AM |  |  | |  | | |  | | | | |  | |  | |  |
| PM |  |  | |  | | |  | | | | |  | |  | |  |
|  | | | | | | | | | | | | | | | | |
| DECLARATION | | | | | | | | | | | | | | | | |
| * I/we apply on behalf of the named Club/Organisation for an annual Park Lands Sporting Sub-Licence. * I/we attest that the information provided in this application is correct to the best of my/our knowledge. * I/we agree on behalf of the named Club/Organisation to abide by the conditions applicable to the granting of the Licence. * I/we understand that the Licence Holder is required to provide the relevant licence conditions and associated information throughout the tenure. | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | |  | | Date | |
|  | | | | | | | | | | | | |  | |  | |
| Licence holder to countersign form and return to Adelaide City Council for approval | | | | | | | | | | | | | | | | |
| *It is the Licence holder’s obligation to provide the Sub-Licence holder with a copy of the Conditions of the Licence* | | | | | | | | | | | | | | | | |
| Signature of Licence holder | | | | | | | | | | | | |  | | Date | |
|  | | | | | | | | | | | | |  | |  | |
| Club/Organisation | | | | | | | |  | Name and Position | | | | | | | |
|  | | | | | | | |  |  | | | | | | | |