



Commercial Use Application Form

Please refer to the Team Mount Beauty Commercial Use Application Policy before completing this form. Please attach supporting documentation as required to address assessment criteria.

Business/Trading Details					
Company (legal entity)					
Given Names				Surname	
Given Names				Surname	
ABN/ACN					
Registered Address					
Suburb		State/Territory		Postcode	
Postal Address					
Suburb		State/Territory		Postcode	
Contact Details					
Organisation					
Given Names				Surname	
Mobile				Work Phone	
Email					
Event Referee #1 Details					
Organisation					
Given Names				Surname	
Mobile				Work Phone	
Email					
Event Referee #2 Details					
Organisation					
Given Names				Surname	
Mobile				Work Phone	
Email					

Event Details	
Date/s	
Time of Day	
Description (note assessment criteria in Policy - attach documents as necessary)	
Promotional Handles	
Number of attendees	
Number of volunteers	
Sponsors	
Additional Information	
Public Liability Insurance Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
Risk Assessment Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
COVID-19 Safe Plan Attached	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>NB. Please ensure you provide all information as incomplete applications will not be considered</i>	

Acknowledgement and Agreement

I/We acknowledge that the organisation and running of this event is our sole responsibility and we agree to indemnify Team Mount Beauty Incorporated from any actions that may arise as a result of this event.

I/We understand that Team Mount Beauty Incorporated reserves the right to refuse any application for an event to be held at the Big Hill Mountain Bike Park.

I/We agree that Team Mount Beauty Incorporated may use our social handles.

I/We agree to abide by all conditions of the Commercial Use Policy and that an application is not deemed to be submitted until the application is complete and applicable fees are paid.

Signed: _____

Date: ____ / ____ / ____

Payment of Fees

Payment must be made by direct debit within seven days of the conclusion of the event to:

Account name: Team Mount Beauty Inc.

BSB: 633 000

Account Number: 14268 7045

Please email the transfer receipt to E: info@tmb.org.au

Office Use Only

Public Liability Insurance Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Risk Management Plan Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Application Form Complete	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Committee Decision	Approve <input type="checkbox"/>	Reject <input type="checkbox"/>
Date Communicated to Applicant		