

**APPENDIX C - COMMUNITY GARDENS LICENCE APPLICATION FORM**

# COMMUNITY GARDENS LICENCE APPLICATION FORM



*This application form should only be completed once a site assessment has been undertaken on an appropriate site as indicated by Council Staff. Following a pre-lodgment meeting with Council staff, please complete all details and submit to Eurobodalla Shire Council. Should you have any questions regarding the form please contact Council on (ph) 4474 1000.*

Applicant Details			
Group Name:			
Contact Person:			
Postal Address:			
Phone Number		Mobile	
Email Address			
Your group is required to be incorporated OR auspiced by an existing incorporated group. Please indicate which.  <i>(If the answer is neither, your application is incomplete)</i>	<input type="checkbox"/> <b>Incorporated.</b> Please provide your incorporation number		
	<input type="checkbox"/> <b>Auspiced.</b> Please provide incorporation number, name and contact details of auspicing group. <i>Note: the contact person for the auspicing group will also be required to sign application.</i>		
Has your group, or the auspicing group, obtained public liability cover for at least \$20 million?	<input type="checkbox"/> <b>Yes.</b> Please attach a copy of your insurance certificate of currency <input type="checkbox"/> <b>No.</b> Your application is incomplete		
Site Details			
Address:			
Lot & DP:			
Total Area of Lot:		Area of land proposed for garden :	
Checklist			
<input type="checkbox"/> Attended a Pre Lodgment meeting with Council staff <input type="checkbox"/> Attached proof of incorporation or auspicing group's details. <input type="checkbox"/> Attached a Copy of Public Liability Insurance Certificate of Currency of at least \$20 mullion <input type="checkbox"/> Attached a copy of Community Gardens Management Plan <input type="checkbox"/> Attached a copy of Proposed Community Garden Site Plan			
Signature			
Applicant		Date	
Auspicing Association		Date	