

APPLICANT'S DETAILS

Proprietor
Name:

Business/Company
Name:

ABN/ACN:

Street
Address:

Postal Address:

State: Post Code:

Phone
Number:

Mobile Phone
Number: Email:

DESCRIPTION OF COMMERCIAL ACTIVITY/USE & PROPOSED DATES (IF RELEVANT)

2. Description of Commercial Activity/Use & Proposed Dates (if relevant)
Please list and describe each proposed activity/use:

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LOCATION/S OF OPERATION/USE

3. Location/s of Operation/ Use

Please specify the location/s of operation/ use ie. Falls Creek Village, Walking Tracks, Falls Creek Alpine Resort:

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ATTACHED INFORMATION REQUIRED

- ☐ Attached copy of your current public liability insurance policy, for no less than \$20million for any one occurrence and noting FCRM as an interested party
- ☐ Demonstrate a business / commercial need to an Authorised Vehicle pass for a motor vehicle and/or Oversnow Vehicle Pass
- ☐ Attached copy of the vehicle's current registration papers

FEES

- ☐ \$700 - Standard Authorised Vehicle Pass
- ☐ \$40 - Tracked Oversnow Vehicle Pass
- ☐ \$100 - Snowmobile Vehicle Pass

IMPORTANT CONDITIONS OF ACCESS:

1. The Operator represents and warrants to the Falls Creek Alpine Resort Management Board that neither it nor any of its directors (if the Operator is a corporate entity) have a criminal record or any pending criminal charges against it. The Operator must immediately notify the Board if, during the term of this permit, it or any of its directors (if relevant) are charged with or convicted of any criminal offence. The Board may at any time during the term of this term of access obtain a State or Federal police check in respect of the Operator. The Operator consents to the disclosure of its personal information to any third parties as is reasonably necessary to enable the Board to conduct such police checks. If relevant, the Operator must procure that its directors provide their consent to the Board disclosing their personal information for the purposes of obtaining such police checks. Nothing in this condition requires the Operator (or, if relevant, any of its directors) to disclose any criminal conviction which is "spent" under applicable legislation such that the Operator (or, if relevant, any of its directors) is entitled by law not to disclose it.
2. The Operator must at all times strictly comply with all applicable laws, statutes, regulations and by-laws in force from time to time in Australia including the state of Victoria, as well as any Board Policies, as provided to the Operator by the Board from time to time (including updates, variations and additions).
3. The Operator must maintain a public liability insurance policy for the access duration in an amount of at least \$20 million. The public liability insurance policy must name the Board as an insured party. The Operator must provide the Board with a copy of the policy or a certificate of currency within 24 hours of being requested to do so.
4. The Operator agrees to indemnify and hold harmless the Board, its employees, agent, directors, officers and contractors from and against any and all claims, losses, damages, expenses, costs or liabilities (whether in tort or contract, under statute or otherwise) howsoever suffered or incurred by the Board, its employees, agent, directors, officers and contractors in connection with this business permit.
5. The Board may immediately cancel Authorised Access at any time if it becomes aware that the Operator has breached or in its reasonable opinion is likely to breach the terms and conditions access, or on [15] days' written notice to the Operator for no cause.
6. The Operator acknowledges and agrees that it must also comply with the special conditions (if any) set out below apply:

SPECIAL CONDITIONS: to be completed by Falls Creek Resort Management

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I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO ABIDE BY THE ABOVE CONDITIONS. FURTHERMORE, I ACKNOWLEDGE THAT FALLS CREEK RESORT MANAGEMENT (FCRM), INCLUDING ITS SERVANTS AND AGENTS, WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGE CAUSED TO ANY VEHICLE, OR ITS CONTENTS EXCEPT WHERE CAUSED BY FCRM'S OR ITS SERVANTS' OR AGENTS' NEGLIGENCE.

I WILL INFORM FCRM IMMEDIATELY SHOULD ANY CHANGE IN MY CIRCUMSTANCE OCCUR WHICH AFFECTS MY ELIGIBILITY FOR THIS PASS.

APPLICANT'S SIGNATURE..... DATE (DD/MM/YY)...../...../.....