# **Expression of Interest and Application Form for Commercial Operators Licence**



# Introduction

This information is required to be submitted to Council to operate a commercial activity from mobile premises on or over a TCDC owned Council reserves. (*Note: This excludes wharves and boat ramps.*)

The area occupied by a commercial operator is restricted to the immediate area of the activity and shall not unduly encroach onto the general public's use of a public place.

This information will provide details on your experience, skills, proposed business activity and how you will deliver your service/product, while ensuring public/customers safety is maintained at all times.

### What you need to do

- Complete the Expression of Interest and Application Form
- Supply all required supporting documentation

### How to submit your expression of interest

- Post Thames-Coromandel District Council, Private Bag 1001, Thames, 3540
- Email: customer.services@tcdc.govt.nz
- · Hand in your application at any of our service centres

# Brief overview of the process for issuing a Commercial Operators Licence

- TCDC advertises to the public to submit a completed Expression of Interest and Application Form and provide all required documentation;
- All applications are reviewed and processed in accordance with Reserves Management Plan;
- A report is presented to the Community Board for their recommendation;
- Once the Community Board has made a recommendation, the recommendation is then presented to the Councillors' at the Council meeting for a final decision;
- Staff will then contact applicants to advise the outcome.

# **Current Annual Fees**

Commercial Operator – operating during the summer period & holiday weekends (Christmas to Easter)	\$360.00
Commercial Operator – operating all year and in one location	\$520.00
Commercial Operator – operating all year and in 2 - 4 locations	\$775.00
Commercial Operator – operating all year and in 4+ locations	\$1,000.00

<sup>\*</sup>An invoice will be issued for each year of operation, fees are subject to change

Should the licence be approved by Council, you will be required to provide all mandatory supporting documents before licence is issued. Should the licence be cancelled/revoked, once issued, the fees are not refundable.

The licence is not transferrable. If there is a change of licensee a new application is required to be lodged.

l)	What type of commercial operators licence are you applying for?  (tick appropriate box)				
	Licence to operate during the summer period and holiday weekends (Christmas to Easter)				
	Licence to operate all year and in one location				
	Licence to operate all year and in 2 - 4 locations				
	Licence to operate all year and in 4+ locations				
2)	Applicants details: (tick appropriate box)				
	operator Company Partnership Club				
	Company/Partnership/Club name				
	Trading as (if applicable)				
	Surname Given				
	names				
	Phone Email address				
	Postal address for service documents				
3)	Invoice: (tick appropriate box)				
	Company Contact person				
	Other (please specify)				
4)	Application types (fick appropriate hor)				
•,	Application type: (tick appropriate box)  Food drink Recreation				
	Other (please specify)				
5)	Description of proposed activity and how each provides a benefit to the public:				
	Is your commercial activity a marine activity?  YES  NO				
	If YES please select the option which applies to your vessel/boat.				
	Does your vessel/boat have an engine?  YES  NO				
	If NO please select the option which applies to your vessel/boat.				
	Is the marine adventure activity:  In scope of regulations  out of scope of regulations				
	Has the applicant(s), currently or previously received any infringements and/or under investigations from Waikato Regional Council or WorkSafe NZ, breaching WRC Maritime Bylaws  If yes: Please provide full details and outcome				
	2) years touce prosture juit wetwite with outcome				

Vehicle registration number:			
Provide a description of any	part of your commercial activity which may restrict p	nublic access within the nublic place	
Trovide a description of any	part of your commercial activity which may restrict p	vasile decess within the public place.	
Provide details on where you or Waikato Regional Council	ur commercial activity requires consents from other a	authorities (Such as Department of Conservation	
<u> </u>			
Please provide sufficient inf	formation below to determine which TCDC owned to	reserves you wish to operate from, including	
	Formation below to determine which TCDC owned to the compact of th		
days and hours of operation Reserve/public			
days and hours of operation Reserve/public place #1: Location/address:	(Note: This does not include wharves and boat rai	mps.):	
days and hours of operation Reserve/public place #1:	(Note: This does not include wharves and boat ran	erations	
days and hours of operation Reserve/public place #1: Location/address:  Days of required operation	(Note: This does not include wharves and boat rai	mps.):	
days and hours of operation Reserve/public place #1: Location/address:	(Note: This does not include wharves and boat ran	erations	
days and hours of operation Reserve/public place #1: Location/address:  Days of required operation  Monday	(Note: This does not include wharves and boat ran	erations	
days and hours of operation Reserve/public place #1: Location/address:  Days of required operation  Monday Tuesday	(Note: This does not include wharves and boat ran	erations	
days and hours of operation Reserve/public place #1: Location/address:  Days of required operation  Monday Tuesday Wednesday	(Note: This does not include wharves and boat ran	erations	
days and hours of operation Reserve/public place #1: Location/address:  Days of required operation  Monday Tuesday Wednesday Thursday	(Note: This does not include wharves and boat ran	erations	
days and hours of operation Reserve/public place #1: Location/address:  Days of required operation  Monday Tuesday Wednesday Thursday Friday	(Note: This does not include wharves and boat ran	erations	

6)

List the equipment you would use for the activity/activities (e.g. vehicles for transportation or vending).

Days of required operation	Hours of op	Hours of operations		
	Start time	Close time		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Reserve/public place #3:				
Location/address:				
Days of required operation Hours of operations		erations		
	Start time	Close time		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
Reserve/public place #4:				
Location/address:				
Days of required operation	Hours of operations			
	Start time	Close time		
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Reserve/public place #2:

**Location/address:** 

Days of required operation	quired operation Hours of operations		
	Start time	Close time	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Reserve/public			
place #6:			
Location/address:			
Days of required operation	Hours of operations		
	Start time	Close time	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Reserve/public			
place #7:			
Location/address:			
Days of required operation	Hours of operations		
	Start time	Close time	
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Reserve/public

]	Previous Experience: (if you have more detail – please use a separate sheet)
	Please provide a statement detailing your relevant experience in operating the commercial activity including the number of years in business. If you propose to engage subcontractors, provide a statement detailing their relevant experience.
	Please provide the contact names, addresses and phone numbers for two referee's.
1	Management and Technical Skills:
	Describe the management skills which will be used, including management qualifications training and/or experience.
[	Describe the technical skills that are required to operate the commercial activity.
	bescribe the technical skins that are required to operate the commercial activity.
	State the number of employees you will require to operate the commercial activity.
L	
	Provide details of national standard/code of practice that you use.

	Provide an outline of your marketing plan including marketing material.				
0)	Cita mlan				
9)	<b>Site plan:</b> Provide a site plan (aerial map) of each reserve that	at you would like to operate from. I	This should include:		
	All entry and exit points, including access for emerg	ency vehicles;			
	The location and number of all structure/s (including marquees/sunshade, tables) and				
	Any area where vehicles or animals are to be permitted				
	To obtain a site map please visit TCDC website Smar				
	www.tcdc.govt.nz/Our-Services/SMART-Maps/Si				
10)	Health and Safety Plan:				
10,	Submit a Health & Safety Plan.				
	The plan needs to manage risk to Health & safety who perates from. It also needs to meet the requirement				
	and approved code of practice. More information is		15, as well as all felevalit fegulations, stalidards		
Dr	rivacy Act 1993				
	information collected will be used to ensure the effe	ctive facilitation of your application	n for a commercial operator's licence. It will,		
there	refore, be distributed to other council departments, e	external agencies and will be used for	or public information as required.		
to ab	information supplied with this application is true as bide by any conditions which TCDC may impose on t				
notio	ice of any additional conditions to the applicant.				
The	elicensee must comply with the Council Bylaws.	These can be viewed on www.tcd	c.govt.nz		
The	elicensee agrees that the cost of any works (new o	or remedial) required for the com	mercial activity will be paid by the licensee.		
App	plicant Name	Applicant Signature	Date (DD/MM/YYYY)		
Ma	andatory Documentation R	equired: 🕖			
	Detailed current aerial site map of each reserve (A4)				
	The areas to be used for the commercial activity, including the location of marquees, vehicles, stalls, the principal/main entrance				
	Public Liability Insurance Certificate				
	Health & Safety Plan. Risk Analysis and Management Prog	gramme (RAM);			
	Marine Activities: (if applicable)  Vessel with engine:  Maritime Operators	Vessel in scope of regulations:  Confirmation of successful audi	Vessel out of scope of regulations: t Current letter from Work Safe		
	Certificate	documents	confirming that the activities are outside the scope of the regulations		
	Valid Skippers Qualification	Confirmation of being listed as an approved agent	ouiside the scope of the regulations		
	Marketing material				