



Application Number (Permit)*:											
-------------------------------	--	--	--	--	--	--	--	--	--	--	--

\* Application will not be accepted without an Application Number

Please email your Commercial Operator Application to [contracts@forestrysa.com.au](mailto:contracts@forestrysa.com.au).

Commercial Operator Applications must be submitted 8 weeks prior to activities commencing on ForestrySA land.

**IMPORTANT NOTE:** *This is an application only and does not constitute a license agreement of any sort. This form provides basic details to prepare a Disclosure Statement, additional information may be requested.*

Business name

ABN:	Website:
<input style="width: 90%; height: 30px;" type="text"/>	<input style="width: 90%; height: 30px;" type="text"/>

Business address:

Contact person/s

Mobile	Alt phone
<input style="width: 90%; height: 30px;" type="text"/>	<input style="width: 90%; height: 30px;" type="text"/>

E-mail	Alt e-mail
<input style="width: 90%; height: 30px;" type="text"/>	<input style="width: 90%; height: 30px;" type="text"/>

**1. Please describe activities that will be conducted on ForestrySA land.**  
(for example, bushwalking, camping, bike riding, etc.)

  
  
  
  
  
  
  
  
  
  

**2. Please provide specific details on the service you will be offering:**



3. What locations do you intend to visit? (for example: Kuitpo Forest, Mount Crawford or Second Valley. If camping/staying in accommodation please list all specific sites).

4. Term of license:

6 months – 5 years (noting a Certified Exclusionary Certificate from the Small Business Commissioner will be required as per the Retail and Commercial Leases Act (fees apply)).

Please specify period requested: \_\_\_\_\_

5 years

6. INSURANCE

Do you hold Public Liability Insurance? (AU\$ 20m minimum)

Yes  No

Level of Insurance Cover (in AU\$)

Policy Expiry Date

Insurer

Policy Number

Evidence of Public Liability Insurance (Certificate of Currency) must be submitted with your application and a copy of the renewal supplied upon expiry for each year of the license.

ADDITIONAL INFORMATION

ACKNOWLEDGEMENT

- I declare the information provided in this application is true and correct.
- I will notify ForestrySA if the information provided in this application becomes untrue, or if the details change.
- I acknowledge there are fees associated with a commercial operator license agreement.

Applicant name (Please print)

Signature of applicant

Date