

COMMERCIAL VISITOR SERVICES (CVS)

APPLICATION FOR A BUSINESS TO CONDUCT A COMMERCIAL VISITOR SERVICE ACTIVITY WITHIN THE FOLLOWING AREAS:

- NATIONAL PARKS
- STATE RESERVES
- STATE FORESTS
- WELLINGTON PARK
- OTHER CROWN LAND

Notes for Applicants:

- Before lodging your application, please contact Commercial Visitor Services to discuss your proposal.

CVS Licence Ph. (03) 6165 4247 or (03) 6165 4283
Filming Agreement Ph. (03) 6165 4247 or (03) 6165 4215 or (03) 6165 4283
CVS Lease Ph. (03) 6165 4215 or (03) 6165 4283
Or email: cvs@parks.tas.gov.au

- Applicants requesting access to Forestry Tasmania controlled lands must provide a copy of any brochures, note sheets and/or interpretation information that is provided to their clients.
- Applicants will need to develop an Operations Manual prior to being granted a CVS Licence. The Operations Manual should describe the business and operation in detail, describe all safety and environmental risks which are inherent in the operation and demonstrate how these risks are adequately mitigated through procedures, such as equipment provided, training, and briefings.
- **Applications will only be assessed when the appropriate APPLICATION FEE of \$150 is paid.**

LODGEMENT CHECKLIST

Thank you for your application. Please ensure that you have:

- Completed all relevant sections in full
- Signed and completed the declaration on page 8
- Attached all maps/plans with routes and locations clearly marked
- Attached any additional information supporting your application
- Labelled each attachment for easy identification
- Included the application fee

*APPLICATION FEE

The application fee for a CVS License is \$150.00 and is payable on lodgment of this application.



Office Use Only

Fee Paid: _____
Receipt No.: _____
Date: _____

Section A - Applicant Details

1. **Personal Details** *Please note, the persons named on this form will have responsibility for the resulting contract. Please ensure you give us your full name/s.

Title: _____

Surname: _____

Given Names (s) _____

Occupation (s): _____

Title: _____

Surname: _____

Given Names (s) _____

Occupation (s): _____

2. **Business Details**

Business Name (ie. Trading as): _____

Company Name (Pty &/or Ltd): _____

ACN: _____ ABN: _____

Please indicate the number of Directors _____

Site Address where business is conducted: _____

3. **Contact Details**

Postal Address: _____

_____ Post Code: _____

Phone No. (Private) _____ Phone No. (Business) _____

Mobile No. _____ Facsimile: _____

Email: _____

Web Site: _____

Section B - Background Experience of Applicant

Please provide relevant information relating to your ability to carry out the proposed activity (for example, details of previous CVS contracts, membership of professional organisations and relevant qualifications). *Please attach details (include a resume if you have one).*

Section C - Business Details/Plan

Proposed Activity

Please tick all boxes that help describe the proposed activity:

Services	<input type="checkbox"/> Accommodation provision to the general public (e.g. huts, campground) <input type="checkbox"/> Bus transport <input type="checkbox"/> Ferry transport <input type="checkbox"/> Rental of equipment to the general public (e.g. boats, bikes etc) <input type="checkbox"/> Retailing to the general public (e.g. café, food van, craft) <input type="checkbox"/> Use of visitor facilities (e.g. barbecues, viewing platforms, show caves etc)
Guided Tours	<input type="checkbox"/> Four-wheel drive vehicle based tours <input type="checkbox"/> Bicycle based tours <input type="checkbox"/> Boat based tours <input type="checkbox"/> Bus tours: up to 8 seats <input type="checkbox"/> Bus tours: 9 – 24 seats <input type="checkbox"/> Bus tours: 25+ seats <input type="checkbox"/> “Tag-a-long” tours (where clients follow the guide in their own vehicle)
Adventure Activities	<input type="checkbox"/> Nature walks and/or bush walks – up to 2 hours <input type="checkbox"/> Bush walks – between 2 hours and 1 day <input type="checkbox"/> Bush walks – overnight <input type="checkbox"/> Abseiling/rock climbing <input type="checkbox"/> Caving <input type="checkbox"/> Fishing (inland or sea) <input type="checkbox"/> Horse riding <input type="checkbox"/> Mountain biking <input type="checkbox"/> Remote area camping <input type="checkbox"/> Sea kayaking/canoeing <input type="checkbox"/> White water rafting
Visitor Activities	<input type="checkbox"/> Aircraft flights/landings <input type="checkbox"/> Cruise boat operation <input type="checkbox"/> Heritage tours (e.g. guided tours of historic sites) <input type="checkbox"/> Licensed camp operation <input type="checkbox"/> Life skill games/team building <input type="checkbox"/> Wildlife viewing
Other	<input type="checkbox"/> Camping in established camp grounds <input type="checkbox"/> Sightseeing <input type="checkbox"/> Spotlight tours <input type="checkbox"/> Survival course <input type="checkbox"/> Vehicular tours <input type="checkbox"/> Sporting events <input type="checkbox"/> Other – please specify <hr/>
Structures	<p>If your activity involves any temporary or permanent structures, please provide the following information as appropriate to your project:</p> <ul style="list-style-type: none"> • Detailed site plan showing location of the proposed structure • Floor plan, artistic impressions, elevations, engineers drawings • Details of colour schemes, finishes, materials • Description of any facilities and services associated with the

	<p>structure, for example, sewage, power, etc</p> <ul style="list-style-type: none">• Landscaping, parking areas, gardens, paths, decks etc
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Location and group size of activities

Please submit maps that clearly indicate the routes chosen, the location of any overnight camps, car parking areas, and the location of activities.

Group Size and Client to Guide Ratios

Please note: commercial activities on public lands are subject to group size limits and client to guide ratios. This is to ensure;

- client safety is not compromised,
- there is adequate staff to ensure there is no environmental effect from the activity, and
- the social impacts of your activity do not impinge on the enjoyment of the areas by other users.

Location of the proposed activity Either list individually or advise collectively (eg Mt Field National Park or All National Parks)	Status (eg National Park, State Forest)	Land Manager	Details of Track or Site to be used	Maximum Group Number	Proposed Client to Guide Ratio	Estimated frequency of visits (per month or per annum)	Proposed timing of this activity (hours or days as applicable)
<i>e.g.Cradle Mountain/Lake St Clair</i>	<i>NP</i>	<i>PWS</i>	<i>Dove Lake Circuit</i>	<i>12</i>	<i>6 to 2</i>	<i>12 per annum</i>	<i>Less than 2 hours</i>

How will your activity result in any disturbance to soils, wetlands or any other natural feature during the initial start-up phase or on an ongoing basis?

What aspects of your activity will be visible from or within or adjoining the areas where you want to conduct your activity?

In what way will your activity have any effect on, or be affected by, any wildlife species within or near any area where you want to operate?

How will you ensure that your activity will not introduce any plant material, including weeds or seeds of plants into the area?

Describe any potential risks of fire associated with your activity?

Will your activity cause any noise during either the initial start-up phase or on a periodic or ongoing basis?

Will any other visitors, commercial or private, be present in or near the areas you wish to use?

Will any aspect of your activity affect current or future public access to or use of either the nominated or adjoining land (ie National, Park, State Forest, State Reserve, Crown Land, etc)?

Please describe any possible effects your business may have on historic, Aboriginal or archaeological sites?

How will your activity have positive effects on natural or historic values?

How will your activity promote understanding of conservation? If yes, please specify

Section F - Referees

Please advise details of two referees who will vouch for the proficiency of the applicant/s in the proposed activity.

Name	Address	Phone Number
<hr/>	<hr/>	<hr/>
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Section G – Additional Requirements

Please provide evidence of which of the following you have in place

- Public Liability Insurance Coverage (minimum \$10 mil AUD):

Name of Insurance Company:

Expiry date: ____/____/____

- Accreditation under the Tourism Council Tasmania Tourism Program
- Relevant First Aid Certificates for all guides, leaders, drivers at least to the level of Workplace Safety Level 2 or equivalent.
- All necessary approvals and/or licences from Marine and Safety Tasmania (if boating transport is provided).
- Accreditation by the State Growth to permit public passenger vehicle services (if vehicular transport is provided).

Section H - Other

Is there any further information you wish to supply in support of your application? *Please attach if necessary.*

Section I - Declaration

I certify that the information provided on this application form and any attached additional information is, to the best of my knowledge, true and correct.

Signature of Applicant (s): _____

Date: _____

The Department reserves the right to obtain further information either from the applicant or from any other relevant source. The applicant will be informed as soon as practical from receipt of application if further information is required before this application can be fully processed by the Department. The applicant will be advised of any information obtained from other sources. The cost of obtaining information will be charged to and recovered from the applicant.

Forward this application to:

Commercial Visitor Services
Parks and Wildlife Service
GPO Box 1751 Hobart 7001

Or

cvs@parks.tas.gov.au

For enquiries, please contact:

(03) 6165 4215

(03) 6165 4247

(03) 6165 4283